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INDEX.

Abdominal; cavity, gunshot wound of, 131; section, for intussusception, 133; pregnancy, curious case of, 194; cancer, diagnosis of, 300; walls, singular injury of the, 391.
Abnormally adherent membranes, case of, 347.
Abortive treatment; of whooping cough by sulphate of quinia, 161; of erysipelas, 280.
Abroad, the "Code," 179.
Abscesses, treatment of, by carbolized water, 518.
Absence, congenital, of the patella, 362.
Abuse of the speculum, 169.
Accident, a singular, 332.
Accompaniments of chronic ulcers, 61.
Acid; *bromohydric*, 317, 410; *carbolic*—poisoning by, 73; in carbuncles, 167; antidote for, 280; in diabetes, 361; hypodermic injections of, in neuralgias, 419; inhalations, 478; *hydrochloric*, in syphilis, 299; *lactic*, as a hypnotic, 360; *picric*, for sore nipples, 452; *prussic*, in cough, 293, *salicylic*—in rheumatism, 13, 237, 281, 436; the chemistry of, 133; ointments, 167; therapeusis of, 366, 409; salts of, 389; solution of, 411; condition in which it is secreted, 496; *tannic*, and ergot in the treatment of diabetes insipidus, 210.
Acne, formula for, 364.
Action; heart, effect of temperature on, 96; mechanical, of violet light, 113; of digitalis, 117; proper, 304; anæsthetic, of bicarbonate of potash, 343; of jaborandi, 405; reflex, of tendons, 442, 479; of eliminant alteratives, 495; scandalous, 522.
Active; hemorrhage, produced by coitus, 352; poison, ozone on, 361.
Acute; albuminuria, treatment of, 361; rheumatism, salicin in, 112, 281; treatment of, 426.
Address; of Dr. Busey, before the section on obstetrics, American Medical Association, 4; of J. Marion Sims, M. D., before the American Medical Association, 41.
Adherent membranes, abnormally, a case of, 347.
Adhesions, extensive pleural, without symptoms, 502.
Adhesive plaster, a new, 98.
Administration, internal, of chloroform, 475.
Adults, excision of the knee in, 71.
Advance in dental surgery, 322.
Advancement of science, quarter centennial of the American Association for the, 239.
Advantage of flat pessaries, 317.
Affections; hysterical, of the eye, 130; lachrymal, in Parisian clinics, 225.
Agent; *remedial*, phosphorus as a, 453; *therapeutic;* the serum of blood as a, 427; alcohol as a, 427.
Ages, sickness at different, 301.
Ague; utilizing, the, 392; eucalyptus in, 474.
Aid society, medical mutual, 175.
Air; compressed and rarefied, therapeutic uses of, 71, 241; an anæsthetic, 87.
Albuminuria; the management of, 165, 361, 538; scarlatinal 479; in eclamptic convulsions, 531, 532
Alcohol; as a therapeutic agent, 427; and cold, 548.
Algiers, the climate of, 474, 523.
Alkalies, effect of, on the blood, 170.
Alkaloid in the brain and the liver, 316.
Alkaloids of ergot, 383.
Almost centenarians, two, 178.
Alopecia, formula for, 364.
Alteratives, eliminant, the action of, 495.
Ambulance system, the Prussian, 236.
American; medical association—section on obstetrics and diseases of women and children—Dr. Busey's address; ovariotomy, 5; section on surgery and anatomy, 24; anniversary address before the, 41; exoneration of the secretary of, 140; institutions for the insane—30th annual meeting of the association of medical superintendents of, 27; medical colleges—association of the representatives of, 27; pharmacy, in the centennial exhibition, 118; academy of dental surgery—meeting at centennial grounds, July 27, 1876, 139; association for the advancement of science—quarter centennial of the, 239; pharmaceutical association—meeting of, 259; leech trade, 260; medical brotherhood, 311; association for the cure of inebriates—seventh annual session, 312; gynecological society—meeting in New York, 346; public health association—annual meeting, 354; climate and the voice, 503.
Ammonia; muriate, in enlargement of the spleen, 197; in treatment of snake bite, 413.
Amputation of the penis, by the écraseur, 534.
Amputations and their treatment, 437.
Amyl, nitrite of; antidote to, 390; the use of, 453.
Anæmia; spinal, so-called, paralysis from, 305; progressive pernicious, the diagnosis of, 339; cerebral, the influence of on the circulation, 344; chlorotic, the management of, 388.
Anæsthesia plant, 298.
Anæsthetic; the air an, 87; action of bicarbonate of potash, 343.
Anæsthetics, questions in, by the surgeon general, 392.
Anal fistula, the elastic ligature in, 107.
Anatomical evidence of the descent of man, 221.
Anatomist in the art gallery, 177.
Anatomy of the perineum, 72.
Anchylosis; of cervical vertebræ, 99; of elbow joint, excision, 357.

Ancient; Wales, the physician in, 57; disinfectant, return to an, 499; Rome, duration of life in, 500.
Aneurism; electrolysis in, 32; of thoracic aorta, 85; Esmarch's method, and its use in, 251; retro-globar, with marked exophthalmus, treated by ligation of the carotid artery, 382; of the arch of the aorta, 381, 492, 514.
Animal vaccination, 325.
Animals, lower, transmission of measles to the, 389.
Ann Arbor; university of, 40, 140.
Anniversary address before the American medical association, 41.
Annual report of the surgeon general, U. S. A., 521.
Anthrax, treatment of, with subcutaneous antiseptic injections, 495.
Antidote; a multiple, 174; for mushroom poisoning, 175; for carbolic acid, 280; to nitrite of amyl, 390.
Anti-neuralgic, gelseminum as an, 17.
Antipyretic, salicylate of quinine as an, 537.
Antiseptic; methods, 257; dressings, Lister's, 370; surgery, 371, 411; injections, subcutaneous, treatment of anthrax with, 495; treatment of wound of the elbow joint, 536.
Aorta; thoracic, aneurism of, 85; arch of the, aneurism of, 381, 492, 514.
Aortic obstruction, 493.
Apoplexy; remarks on, 315; ingravescent, 316.
Apparatus to prevent deaths from burning gas, 117.
Appendix vermiformis; perforation of the, 109; concretion in the, 543.
Application, external, fat meat as an, 387.
Arab faith in medicine, 392.
Arch of the aorta, aneurism of the, 381, 514.
Areolar tissue, loss of both parotid glands from suppuration of the, 351.
Arrangement, corymbiform, of eruptions, as indicative of nerve causation, 93.
Arrest; of hemorrhage by torsion, 427; of mothers with children at the breast, 458.
Arsenic; effects of, 77; from curtains, 78; clonic spasm cured by large doses of, 546.
Arsenical; poisoning, signs of, in the heart, 112; and lead poisoning, cases of, 397.
Art; gallery, the anatomist in the, 177; therapeutics as a local, 386.
Arteries, torsion of, 113.
Arteritis, obliterative, 74.
Artery, carotid, retro-globar aneurism, with marked exophthalmus, treated by ligation of the, 382.
Arthritis, rheumatoid, and its treatment, 187.
Artificial; limbs, 259; membrana tympani, a new, 527.
Ascites, 370.
Association; American medical—section on obstetrics and diseases of women and children—Dr. Busey's address, ovariotomy, 5; section on surgery and anatomy, 24; anniversary address of J. Marion Sims, M. D., 41; section on practice of medicine, materia medica and physiology, 51; of medical superintendents of American institutions for the insane, 7; of representatives of American medical colleges, 27; the British medical, 198; American, for the advancement of science, quarter centennial of the, 239; Canada and American medical, 251; American pharmaceutical, meeting of, 259; for the cure of inebriates, 312; public health, 354.
Asthma; a secret remedy for, 77; the general pathology of, 261, 283; dyspepticum, 344; fluid extract of rosin weed in, 348; smoking belladonna in, 431; formula for, 452.
Asylum; a national inebriate, 19; lying-in at St. Petersburg, 240.
Asylums, inebriate, their management, 314.
Atlantic City as a summer resort, 156.
Atresiæ vaginæ; in the virgin, 208; the result of labor, 209; pregnancy with, 346.
Atropia poisoning, a case of, 269.
Attributes of life, 117.
Attitude in heart diseases, 274.
Auditory vertigo, the diagnosis of, 384.
Autumn, early, why it is an unhealthy season, 157.
Awaking, nocturnal, of children, in a state of fright, 425.

Babies, earache in, 330.
Backward luxation of knee joint, in consequence of chronic inflammation, 489.
Balsam of copaiba for tapeworm, 93.
Bark, cotton root, 454.
Baron de Palm, the cremation of, 526.
Base of the tongue, tumor at the, 183.
Basis of therapeutics, 341.
Batteries, medical, in the centennial exhibition, 366, 412.
Bean, Carthagena, 392.
Beef; corned, is it poisonous, 207; canned, poisoning from, 301.
Belladonna; in opium poisoning, 99; smoking of, in asthma, 431; opium poisoning treated by electricity and, 469; as a cerebral stimulant, 479.
Bicarbonate of potash, anæsthetic action of, 343.
Biliary colic, 190.
Births; in Rochester, 20; notices of, 260, 326, 414.
Bladder, rupture of, 108.
Bleeding in eclampsia, 19.
Blind, deaf and dumb, education of the, 137.
Blistering in pleurisy, 342.
Blood; effect of alkalies on the, 170; menstrual, uterus, distended with, 209; the microscopy of the, 300; the serum of, as a therapeutic agent, 427; who discovered the circulation of the? 503.
Board of health of Wisconsin, 458.
Bodies, foreign, in the tympanic cavity, and their removal, 243.
Body; origin of urea in the, 32; human, composition of the, 195.
Bone; Linhart's chisel for excision of, 74; aneurism of arch of aorta containing, 514.
Bougies of gelatine, 473
Brain; work, life and, 193; and liver, an alkaloid in the, 316; development, imperfect, 511.

Brains; and brain power, 343; of insane, 365.
Bran bread question, the, 116.
Breast, arrest of mothers with children at the, 458.
Bright's disease, chronic, in Norway, 317.
British medical association, annual meeting, 199.
Broad ligament, removal of a cyst of the, 349.
Bromide; of sodium in epilepsy, 342; of camphor, and its uses, 410; of potassium, the caustic properties of, 496.
Bromohydric acid, 317, 410.
Brotherhood, American medical, 311.
Brown-Séquard on paralysis, 188.
Brussels; sanitary exposition, 173; the temperance question at, 391.
Burning gas, apparatus to prevent deaths from, 117.
Burns; treatment of, 175, 293, 338.
Business management, 282.
Butter cacao, the examination of, 454.
Busey, Dr., address on obstetrics by, 4.

Cacao butter, the examination of, 454.
Cadaveric decay, the progress of, 216.
Calcium, the sulphide of, in itch, 252.
Calculi, numerous, 343.
Camphor; monobromide of 350; bromide of, its uses, 410; monobromated, 413; in ill-conditioned wounds, 431.
Canada; Medical association and American medical association, 251; Ontario, the license law of, 434.
Cancer; of the stomach, 99, 516; œsophageal, medical treatment of, 311; Professor Volkmann on, 232; treatment of, 299; abdominal, diagnosis of, 300.
Canned beef, poisoning from, 301.
Capillary; nævus, treatment of, 117; congestion of the face, 176.
Carbolic acid; poisoning, 73; in carbuncles, 167; antidote for, 280; in diabetes, 361; hypodermic injections of, in neuralgias, 419; inhalations, 478.
Carbolized water, in abscesses, 518.
Carbuncles, carbolic acid in, 167.
Carbuncular inflammation of the lip, 448.
Carcinoma of mammary gland, 357.
Cardiac disease, relation of, to uterine, 410.
Case; remarkable, of gall stones, 68; of suprapubic lithotomy, 83; of swallowing a nickel coin, 85; of extra-uterine pregnancy, 92; of hydrophobia, 128; of senile cataract of ten years' duration in a lady eighty-six years of age, 147; of eclampsia, management of, 163; of tumor at the base of the tongue, 183; curious, of abdominal pregnancy, 194; of hemiopia, 204; the Laros poisoning, 219; of atropia poisoning, 269; of ununited fracture of the tibia treated by drilling, 290; of abnormally adherent membranes, 347; of supernumerary fingers, hereditary, 369; of diabetes mellitus—its treatment, 398; a vaccine, 482; of ovariotomy, 485; of empyema treated by free incision, 488; of traumatic tetanus, 492; of hernia, with obscure symptoms, 532.
Cases; of gunshot wounds of the thoracic and abdominal cavities, 131; gynecological, 181; of cholera morbus, the management of, 242; of removal of the spleen, 253; two, of exsection of knee joint, 357; of fracture of the elbow joint, with return to usefulness, after years of disease, 375; of arsenical and lead poisoning, 397; called hysterical, 461.
Castor oil, a palatable vehicle for, 19.
Carotid artery, retro globar aneurism, with exophthalmus, treated by ligitation of the, 382.
Carthagena bean, 392.
Cartilage, loose, of knee-joint, its removal, 502.
Cataract; senile, of ten years' duration, in a lady eighty-six years of age, 147; Parisian treatment of, 225.
Catarrh; uterine, ergot in, 96; post-nasal deafness from, 384.
Catheterization, posterior, 293.
Causes; of stone, 274; of death in strangulated hernia, 294; of failure in electro-therapeutics, 483.
Caustic; properties of bromide of potassium, 496; iodine, 552.
Cauterant, an efficient, for polypoid growths, 404.
Cavities, thoracic and abdominal, gunshot wounds of the, 131.
Cavity, tympanic, foreign bodies in the, and their removal, 243.
Centenarians, two almost, 178.
Centennial international exhibition; correspondence from the, 38, 58, 78, 118, 137, 159, 177, 196, 217, 238, 366, 412.
Centres, nervous; treatment of inflammation of, in infancy, 268; physiology of the, 271.
Cerebral; anæmia, influence of on the circulation, 344; veins, thrombosis of the, 423; palsy, 444; stimulant, belladonna as a, 479.
Cerebro-spinal meningitis; pathognomonic symptom of, 117; etiology of, 212.
Cerebrum, gummy exudation in the, 205.
Cervical; vertebræ, anchylosis of, 99; ulcer, from laceration, 181.
"Cheap John" medical system discussed, 430.
Chemistry; medical, in the centennial exhibition, 58, 78; of salicylic acid, 133.
Chest, penetrating wound of the, 446.
Chewing; gum, 389; mastic, 547.
Child; copper coin swallowed by a, 87; thoracentesis performed seventy-four times in a, 447.
Childbed, scarlet fever in, its treatment, 538.
Childhood, tenacity of life in, 65.
Children; tuberculosis in, 38; surgical operations on, 57; nocturnal awakening of, in a state of fright, 425; what determines the sex of, 448; at the breast, arrest of mothers with, 458; defective eyesight in, 459.
Chilian prize medal, 60.
Chill, malarial, use of hydrate of chloral to prevent the, 184.
Chisel, Linhart's, for excision of bone, 74.
Chloral; in parturition and infantile convulsions, 53; plaster, 175; venous injections of, 194; in ulcers, 301, 389; hydrate of, to pre-

vent the recurrence of malarial chill, 184; in puerperal convulsions, 388.
Chlorate of potassium and mercury, 554.
Chloride of lead as a disinfectant, 478.
Chloroform, internal administration of, 475.
Chlorosis, liquor potassæ in, 132.
Chlorotic anæmia, the management of, 388.
Cholera; infantum, 105; ravages, 120; morbus, the management of cases of, 242.
Chorea; a case of, 510; treatment of, 534.
Chronic; ulcers and their accompaniments, 61; eczema, treatment of, 212; Bright's disease in Norway, 317; rheumatism, sassafras in, 342; inflammation, backward luxation of knee-joint, in consequence of, 489; diarrhœa, 554.
Cicatrices, depressed, new operation for the obliteration of, 190.
Cinchonidia, the value of, 432.
Cincinnati, poisonous hams from, 258.
Circulation; influence of cerebral anæmia on 344; of the blood, who discovered it? 503.
Circumcision, a case of, recovery, 395.
Cirrhosis of liver, 515.
City, of health, 200.
Climate; and travel in treatment of consumption, 454, 480, 500, 523, 544; of Algiers, 474; of America, and the voice, 503.
Climates, hot, the hepatitis of, 418.
Clinical; studies in inebriety, 62, 125, 286; lecture on tertiary syphilis, 81.
Clonic spasm; conium in, 252; cured by large doses of arsenic, 546.
Coca leaf, 18.
Code of ethics, 42, 179.
Coin; nickel, results in a case of swallowing a, 84; copper, swallowed by a child, 87.
Coitus, active hemorrhage by, 352.
Colchicine and veratrine, 232.
Cold, alcohol and, 548.
Colic, biliary, 190.
Colleges, American medical, proceedings of the association of representatives of, 27.
Colliquative sweating, to check, 18.
Collodion, sublimated, 411.
Cologne, Madame Hutin's, 392.
Comfort for diffident speakers, 365.
Comparative researches on milk, 254.
Composition of the human body, 195.
Compound fracture complicated by vaccination, 67.
Compressed and rarefied air, therapeutic uses of, 71, 241.
Conception, the embryo at period of, 109.
Concerning whooping cough, 111.
Concours system, the, 97.
Concretion in the appendix vermiformis, 543.
Condition; post-mortem, of fetal lungs, 196; in which salicylic acid is secreted, 496.
Condurango in cancer of the stomach, 99.
Condylomata, syphilitic, 49.
Congenital absence of the patella, 362.
Congestion, capillary, of the face, 176.
Congress; international medical—organization of the, 220; proceedings of the, 227, 244; section on otology, 322; international, of ophthalmology, 280.
Conium; in clonic spasm, 252; use of, 389.
Conjunctival sutures, lacerated wound of the sclerotic cured by, 468.
Consequence of chronic inflammation—backward luxation of knee-joint, 489.
Consequences, trophic, of local injuries of nerves, 129.
Consumption, climate and travel in the treatment of, 454, 480, 500, 523, 544.
Contractions, muscular, 32; of the finger, 254.
Contributions, recent, to the treatment of phthisis, 319.
Convulsions; *epileptiform*, from ball in the skull, 223; *infantile*, chloral in 53; *puerperal*—141, 302, 530, 549; hydrate of chloral in 388; placenta centralis complicated with, 457.
Copaiba, balsam of, for tapeworm, 93.
Copper, coin, swallowed by a child, 87.
Cornea; ulcers of the, 37; diseases of the, 89.
Corneal opacity, cyprea shells in, 98.
Corned beef, is it poisonous, 207.
Corneitis; phlyctenular, 89; suppurative, 90; diffuse, 90.
Corpus luteum, medical significance of the, 179.
Corrigenda, 348.
Corrosive sublimate in gonorrhœa, 212.
Corymbiform arrangement of eruptions as indicative of nerve causation, 93.
Cotton-root bark, 454.
Cough, whooping; conclusions concerning, 111; abortive treatment of by sulphate of quinia, 161; ulceration of the frænum linguæ in, 176; prussic acid in, 293.
Cranioscopy of criminals, 215.
Crater, a hospital in a, 259.
Cremation of Baron de Palm, 526.
Crime, intemperance as a, 429.
Criminals, the cranioscopy of, 215.
Cross, the Geneva, in Turkey, 326.
Croup and diphtheria, 193.
Culture, physical, the effects of, 390.
Cure; painless, for opium eating, 98; radical, of hernia, 279; of inebriates, American association for the, seventh annual session, 312; of inebriates, 343; of spermatorrhœa, 453; of consumption, climate and travel in the treatment of, 454, 480, 500, 523, 544; of lacerated wound of the sclerotic by conjunctival sutures, 468; of hydrophobia by inhalation of oxygen, 517; of clonic spasm by large doses of arsenic, 546.
Curious; case of abdominal pregnancy, 194; origin of stone, 553.
Curiosities of science, 60.
Curtains, arsenic from, 78.
Cyanide of zinc, therapeutic uses of the, 518.
Cyprea shells in corneal opacity, 98.
Cyst; tubular, of fallopian tube, 86; ovarian, complicating delivery, 162; dispersion of, by electricity, 176, 335, 353; of the broad ligament, removal of a, 349.
Cysticerci in the eye, 77.

Dandruff, remedy for, 258.
Dangers; of vaccination, their prevention, 172; from santonine, 496.
Dead, disposal of the, 256.

Deaf-mute; institutions, meeting of principals of, 80; education of the, 137, 217.
Deafness; as an intra-cranial disease, 137; from post-nasal catarrh, 384.
Death; from rupture of spleen, 85; signs of, 158; causes of, in strangulated hernia, 294.
Death rate of foundlings, 522.
Deaths from burning gas, apparatus to prevent, 117.
Decay, cadaveric, the progress of, 216.
Decortication, treatment of elephantiasis nasi by, 133.
Defect, stammering a hereditary, 54.
Defective; uterine involution, 166; eyesight in children, 459.
Definitions in mental pathology, 544.
Deformity from fractures involving or approximating the elbow joint, 1.
Delirium of operators, 499.
Delivery, ovarian cyst complicating, 162.
Dengue, description of an epidemic of, 415.
Dental; *surgery*—meeting of the American academy of, 139; advance in, 322; society of Pennsylvania, meeting of the, 140.
Dentists, the health of, 175.
Depressed cicatrices, new operation for the obliteration of, 190.
Descent of man, anatomical evidence of the, 221.
Description of an epidemic of dengue, 415.
Destroy lice, formula to, 410.
Determination of sex, 116, 448.
Development, imperfect, of the brain, 511.
Diabetes; insipidus, treated by ergot and tannic acid, 210; carbolic acid in, 361; mellitus, its treatment, 398; the pruritus vulvæ of, 404; relations of skin diseases to, 495.
Diagnosis; of abdominal cancer, 300; of progressive pernicious anæmia, 339; of auditory vertigo, 384; the magnet in, 522.
Diarrhœa, chronic, 554.
Diastasis of radii and ulna, 87.
Diathesis, nervous, inebriety originating from a, 63.
Diet; for gout, 195; vegetable, for epileptics, 389.
Different ages, sickness at, 301.
Diffident speakers, comfort for, 365.
Diffuse corneitis, 90.
Digitalis, action of, 117.
Dilatation of the uterus, 382.
Dilator, the forceps as a, 289.
Dipsomania, 519.
Diphtheria; salicylic mixture in, 17; a case of, 109; experience in, 164; management of, 169; the treatment of, 187; croup and, 193; in tonsillitis, oleum terebinthinæ in the treatment of, 206; quinine in, 301; notes of an epidemic of, in Tennessee, 368; treatment of, 418; in Providence, 436; sulpho-carbolate of sodium in, 456.
Diphtheritic paralysis, the management of, 188.
Disagreeable effects of guarana, 389.
Disarticulation of knee-joint, luxated backward in consequence of chronic inflammation, 489.
Discoverer of the circulation of the blood, who was he? 503.
Disease; Pott's, a case of, 85; tubercular, of testicles, 87; the forms of, assumed by transmitted gout, 91; hip-joint, the seaside for, 97; intra-cranial, deafness as an, 137; ovarian, vomiting as a symptom of, 166; chronic Bright's, in Norway, 317; hydatid, in Iceland, 344; hip-joint, 400; uterine, relations of cardiac to, 410; dipsomania, the, 519.
Diseases; plans for registering, 16; of the *cornea* 89; *heart*, attitude in, 274; *nervous*, 369, 533; *skin* rancid oil of maize in, 17; formulæ for, 364; relations of to diabetes, 495; lectures on, 546; *zymotic*, the origin of, 292; of workers in lead, 366.
Disinfectant; chloride of lead as a, 478; return to an ancient, 499.
Dislocation of humerus at shoulder joint, 123.
Dispensers, physicians as, 498.
Dispersion of ovarian cysts by electricity, 177.
Disposal of the dead, 256.
Disordered nutrition, inebriety beginning with, 62, 64.
Distention of uterus with menstrual blood, 209.
Divided sensory nerves, persistence of sensibility in, 272.
Doctors; female, in Europe, 239; sham, 459.
Dogs; measles in 151; milk, in rickets, 189.
Dose, a fluid-ounce, of laudanum, and its treatment, 121.
Doses, large; of ergot, 479; of arsenic for the cure of clonic spasm, 546.
Dressings; antiseptic, Lister's, 370; of wounds, a new plan for, 496.
Drilling, ununited fracture of the tibia treated by, 290.
Dropsical effusions, 479.
Drugs, the quantity of, used, 453.
Duration; ten years', of senile cataract in a lady eighty-six years of age, 147; and prognosis of inebriety, 312; of life, 500, 547.
Duty; to have syphilis—is it our? 278; on quinine, 481.
Dysentery, hot water enemata in, 539.
Dyspepsia, inebriety from, 127.

Earache, in babies, 330.
Early; training, want of, a cause of inebriety, 64, 126; autumn, why it is an unhealthy season, 157.
Ear; rings, fibrous tumors caused by, 198; the gouty, 258.
Eclampsia; bleeding in, 19; treatment of, 119; management of a case of, 163, 178.
Eclamptic convulsions during and subsequent to labor, 531, 532.
Ecraseur, amputation of the penis by the, 534.
Ectropium, traumatic, 535.
Eczema; rubrum of the leg, 185; chronic, treatment of 212; formula for, 364.
Editorials—
Plans for Registering Diseases, 16.
Schools for Nurses, 35.
Dr. George H. Napheys, 36.
President Sims' Address, 56.
The Relations of Sex and Species, 76.
On Prescription Writing, 95.
The Prevention of Infantile Mortality, 115.
Life Insurance Systems, 136.

The Physics of Medicine, 155.
Vaccination, Its Dangers and their Prevention. 172.
The International Medical Congress, 192.
The Importance of Forests to National Health and Wealth. 192.
The Cranioscopy of Criminals, 215.
Family Marriage. 235.
The Technics of Vaccination, 255.
The Disposal of the Dead, 256.
On Pleasure and Pain, I. 277.
Is it Our Duty to Have Syphilis? 278.
On Pleasure and Pain, II, 297.
Recent Contributions to the Treatment of Phthisis, 319.
The Basis of Therapeutics, 341.
The Relation of the Medical Profession to Society, 363.
Therapeutics as a Local Art, 386.
Electricity in Therapeutics. 408.
Intemperance as a Crime, 429
The "Cheap John" Medical System Discussed, 430.
The Mortality from Syphilis, 451.
A True Medical Philosopher. 476.
Physicians as Dispensers. 498
The Preliminary Education of Medical Students, 521.
Annual Report of the Surgeon General, U. S. A., 521.
Some Thoughts on New Remedies, 541.
Review of the Year, 553.

Education; medical, resolutions respecting, 20; Prof. Sims on, 41; of the blind, deaf and dumb, 137; preliminary, of medical students, 521.

Effects; of arsenic eating, 77; of alkalies on the blood, 170; physiological, of galvanism, 237; disagreeable, of guarana, 389; of physical culture, 390.

Efficient cauterant for polypoid growths, 404.

Effusions; pleural, and their treatment, 273; dropsical, 479.

Elastic ligature in anal fistulæ, 107.

Elbow joint; deformity from fractures involving or approximating the, 1; anchylosis of, excision, 357; fracture of the, with return to usefulness, after years of disuse. 375; wound of the, treated antiseptically, 536.

Electricity; the dispersion of ovarian cysts by, 176, 335, 353; and nervous diseases, 369; in therapeutics, 408; and belladonna in opium, poisoning, 469.

Electrolysis in aneurism, 32.

Electro-therapeutics, the scope and importance of, and causes of failure in, 483.

Element, the one ultimate, 195.

Elephantiasis nasi, treatment of by decortication, 133.

Eliminant alteratives, the action of, 495.

Embalming, Tranchina's method of, 432.

Embryo at period of conception, 109.

Emotional insanity, 80.

Empyema, treated by free incision, 488.

Enemata; of wine, 58; forced, treatment of intussusception or invagination by, 505; of hot water in dysentery, 539.

Enlarged; spleen, 20, 100; treated by hypodermic injections of ergot, 291; tonsils, prophylaxis in, 153.

Enlargement; glandular, hypodermic injections in, 169; of the spleen, muriate of ammonia in, 197.

Epidemic; of diphtheria in Tennessee, notes of an. 368; of dengue, 415; what does it mean? 547.

Epilepsy; the relation and hereditary tendency between inebriety and, 313; bromide of sodium in, 342; a case of, 509.

Epileptic convulsions during labor, 530.

Epileptics, vegetable diet for, 389.

Epileptiform convulsions from ball in the skull, 223.

Epithelioma of the penis, 534.

Ergot; in uterine catarrh, 96; and tannic acid in the treatment of diabetes insipidus, 210; effects of, 270; successful treatment of enlarged spleen by hypodermic injections of, 291; the alkaloids of, 383; large doses of, 479; treatment of typhoid fever by, 479; in the hemorrhage of typhoid fever, 542.

Ergotin; in uterine fibroids, 359; a formula for, 388; the nature of, 390.

Eruptions, corymbiform arrangement of, as indications of nerve causation, 93.

Erysipelas; fracture of the radius with, 51; abortive treatment of, 280.

Esculapius, the temple of, 199.

Esmarch's method and its use in aneurism, 251.

Ethics, code of, 42.

Etiology of cerebro-spinal meningitis, 212.

Eucalyptus globulus; the, 240; in ague, 474.

Europe; female doctors in, 239; introduction of maize into, 547.

Euthanasia in hydrophobia, 500.

Evidence, anatomical, of the descent of man, 221.

Examine the uterus, how to, 426.

Examination of cacao butter, 454.

Excision; of the knee in adults, 71; of bone, Linhart's chisel for, 74; of wrist joint, 87, 357; of elbow joint, 357.

Excitement, sexual, a cause of inebriety, 62.

Excoriations of the os uteri, treatment of, 152.

Exhibit, a handsome, 239.

Exhibition; centennial international, correspondence from the, 38, 58, 78, 118, 137, 158, 177, 196, 217, 238, 366, 412.

Exhibits, German medical, 38, 79, 196.

Experience in diphtheria, 164.

Experiments with strychnia, 299.

Exposition, the Brussels sanitary, 173.

Exsection; of knee-joint, two cases of, 357; of the hip joint, 379, 381; of wrist, 536.

Extensive pleural adhesions without symptoms, 502.

External; manifestation of the pulsation of the funis, 170; application, fat meat as an, 387.

Extirpation of the parotid gland by the galvano-cautery, 185.

Extra-uterine pregnancy, a case of, 92.

Extract; fluid, of rosin weed in asthma, 348; fluid, of hydrangea arborescens, 388.

Extremes of temperature in 1875, 95.
Exudation, gummy, in the cerebrum. 205.
Eye; cysticerci in the, 77; hysterical affections of the, 130; mercury in injuries to the, 272.
Eyesight, defective, in children, 459.

Face, capillary congestion of the, 176.
Facial neuralgia, persistent, 104.
Failure in electro-therapeutics, causes of, 483.
Faith, Arab, in medicine, 392.
Fallopian tube, tubular cyst of, 86.
Family marriage, 235.
Fat meat as an external application, 387.
Feet, fetid, 116.
Female; doctors in Europe, 239; sterility in the, 253; institutes, southern, 370.
Femoral hernia, 109.
Femur, intra-capsular fracture of, 87.
Fetal lungs, post-mortem condition of, 196.
Fetid feet, 116.
Fever; *puerperal*, the prophylaxis of 411; *rheumatic*, treatment of, 280; *scarlet*—sulpho-carbolate of soda in, 197; the pathology of, 233; the sulphur treatment of, 538; in child-bed, its treatment, 538; *typhoid*—inebriety following recovery from paralysis, the result of, 64; treatment of, by ergot of rye, 479, 542; in Paris, 547; *yellow*, at Savannah, 259, 503; its progress, 304, 325.
Fibrine, nutritive power of, 174.
Fibroids, uterine, ergotin in, 359.
Fibrous tumors caused by ear rings, 198.
Fifth month of pregnancy, hysterical convulsions during the, 530.
Fifty-five years in a hospital, 60.
Finger contraction, 254.
Fingers, supernumerary, hereditary, a case of, 369.
Fissured and ulcerated nipples, treatment, 17.
Fistula; anal, the elastic ligature in, 107; ani, in phthisis, 543.
Flat pessaries, the advantages of, 317.
Flesh, horse, a protection from tapeworm, 97.
Fluid; ounce dose of laudanum and its treatment, 121; extract of rosin weed in asthma, 348; extract of hydrangea arborescens, 388; injections, treatment of intussusception or invagination by, 505.
Forced enemata, treatment of intussusception or invagination by, 505.
Forceps, the, as a dilator, 289.
Forces, union of, against intemperance, 459.
Foreign; pharmacy in the centennial exhibition, 158; splints in the exhibition, 238; bodies in the tympanic cavity, and their removal, 243.
Forests, the importance of, to national health and wealth, 192.
Forms; of disease assumed by transmitted gout, 91; of phthisis, 165.
Formulæ for skin diseases, 364; for ergotin, 388.
Foundlings, the death rate of, 522.
Fountains as ozone producers. 300.
Fracture; of the radius, with erysipelas, 51; compound, complicated by vaccination. 67; intracapsular, of femur, 87; ununited, of the tibia, treated by drilling, 290; of the elbow joint, with return to usefulness after years of disuse, 375.
Fractures, deformity from, involving or approximating the elbow joint, 1; pathological, 45; shortening in, 257.
Frambœsia, vaccination preventive of, 195.
Free incision in treatment of empyema, 488.
Frenum linguæ, ulceration of the, in whooping cough, 176.
Fright, nocturnal awaking of children in a state of, 425.
Functions of the optic thalami, 299.
Funis, pulsation of the, felt externally, 170.

Gallery of art, the anatomist in the, 177.
Gallium, the new metal, 97.
Gall stones, a remarkable case of. 66.
Galvanism, physiological effects of, 237.
Galvano cautery, extirpation of the parotid gland by the, 185.
Gas, burning, apparatus to prevent deaths from, 117.
Gastric ulcer, management of, 337.
Gastroscope, a new, 432.
Gelatine, bougies of, 473.
Gelseminum; as an anti-neuralgic, 17; in neuralgia, 196.
General pathology of asthma, 261, 283.
Generation, spontaneous, 300.
Geneva cross, in Turkey, 326.
German; military surgery, 38; medical exhibits, 197.
Germany, the medical chemistry of, in the centennial exhibition, 78.
Gestation, prurigo of, 258.
Gland, mammary, carcinoma of, 357.
Glands, parotid; extirpation of the, by the galvano cautery, 185; loss of both, from suppuration of surrounding areolar tissue, 351.
Glandular enlargement, hypodermic injections in, 169.
Glaucoma, neglected, remarks on, 393.
Gleet; hydrastin canadensis in, 116; kaolin in, 153.
Glycerine, poisoning from, 523.
Glycogenic power of the liver, 189.
Gonorrhœa; internal use of corrosive sublimate in, 212; quinine in, 431.
Gonorrhœal rheumatism, 431.
Gout; transmitted, the forms of disease assumed by, 91; the diet for, 195; rheumatic, 362.
Gouty ear, the, 258.
Grafting, skin, 329.
Grateful patient, a, 503.
Great Britain, medical chemistry of, in the centennial exhibition, 78.
Growths, polypoid, efficient cauterant for 404.
Guarana, disagreeable effects of, 389.
Gummy exudation in the cerebrum, 205.
Gum, chewing, 389.
Gums, the lead line of the, 54.
Gunshot; wounds of the thoracic and abdominal cavities, 131; wound of the skull, 223.
Gynecological cases, 181.

Hamamelis virginica, 58.

Hams, poisonous, from Cincinnati, 258.
Handsome exhibit, 239.
Hard rubber instruments, 325.
Health; of dentists, 175; and wealth, national importance of forests to, 192; the "city of," 200; of Philadelphia, 325, 348, 392; Wisconsin State board of, 458; of Texas, 482.
Heart; action, temperature as affecting, 96; signs of arsenical poisoning in the, 112; diseases, attitude in, 274.
Heat; of July, 1876, 80, 160; prickly, the relief of, 237.
Hemiopia, a case of, 204.
Hemorrhage; post-partum, and the use of the persulphate and perchloride of iron, 309; prevention of, 391; uterine, 322; active, produced by coitus, 352; arrest of, by torsion, 427; of typhoid fever, ergot in the, 542.
Hepatitis of hot climates, 518.
Hereditary; defect, stammering a, 54; tendency between inebriety and epilepsy, 313; supernumerary fingers, a case of, 369.
Heredity of phthisis, 543.
Hernia; femoral, 109; the radical cure of, 279; strangulated, causes of death in, 294; with obscure symptoms, 532.
Hip joint; disease, the seaside for, 97; treatment of, 400; exsection of the, 379.
Hope's mixture, 526.
Horse flesh and tapeworm, 97.
Hospital; fifty-five years in a, 60; in a crater, 259; Jefferson college, 347.
Hospitalismus, 50.
Hospital Reports.
Bellevue Hospital, New York, 379, 400, 489.
Charity Hospital, Philadelphia—
Service of Henry Leaman, M. D., 511.
City Hospital, New York—
Service of Dr. Ormiston, 536.
Infirmary for Nervous Diseases—
Clinic of S. Weir Mitchell, M. D., 470, 509.
King's County (N. Y.) Hospital—
Service of Dr. Hutchison, 536.
Long Island College Hospital—
Service of Professor Jarvis S. Wight, 67.
New York Woman's Hospital, 208.
Orthopedic and Nervous Infirmary—
Clinic of S. Weir Mitchell, 420, 443.
Pennsylvania Hospital—
Clinic of R. J. Levis, 534.
Philadelphia Dispensary—
Service of Dr. Maris, 533.
Philadelphia Hospital—
Service of Professor Harrison Allen, 49.
St. Peter's Hospital, Brooklyn, New York, 492.
University of Pennsylvania—
Service of Professor Louis A. Duhring, 185.
Hot; climates, the hepatitis of, 518; water, enemata of, in dysentery, 539.
How to examine the uterus, 426.
Human body, composition of the, 195.
Humerus, dislocations of the, at the shoulder joint, 123.
Humor, vitreous, wound of the, 432.
Hutin's cologne, Madame, 392.
Hydatid disease in Iceland, 344.
Hydrangea arborescens, fluid extract of, 388.
Hydrastin canadensis in gleet, 116.
Hydrate of chloral; the use of, to prevent the recurrence of malarial chill, 184; in puerperal convulsions, 388.
Hydrochloric acid in syphilis, 299.
Hydrophobia; specific against, 38; a case of, 128; statistics of, in Russia, 365; euthanasia in, 500; cured by inhalations of oxygen, 517; rarity of, 547.
Hygiene, public, 44.
Hyperdistention with carbolized water in the treatment of abscesses, 518.
Hysteria, a plea for, 525.
Hysterical convulsions during the fifth month of pregnancy, 530.
Hymen, unruptured, the significance of, in pregnant women, 152; imperforate, pregnancy with, 236.
Hyoscyamine, 279.
Hypnotic, lactic acid as a, 360.
Hypodermic; use, solutions of morphia for, 157; of quinine, 194; injections in glandular enlargement, 169; injections of ergot in the treatment of enlarged spleen, 291; injections of carbolic acid in neuralgias, 419.
Hypophosphites, syrup of, 60.
Hypospadias, the treatment of, 169.
Hysteria, relations of, to nymphomania, 360.
Hysterical; affections of the eye, 130; paroxysms, treatment of, 300; cases called, 461.

Ice, to preserve, in the sick room, 158.
Iceland, hydatid disease in, 344.
Ill-conditioned wounds, camphor, in, 431.
Illusory symptoms of weak sight, 101.
Imperfect brain development, 511.
Imperforate hymen, pregnancy with, 236.
Importance; of the prone position in involution, 119; of forests to national health and wealth, 192; of electro-therapeutics, 483.
Impression, maternal, monstrosity, possibly from, 442.
Incision, free, in treatment of empyema, 488.
Incontinence of urine, 431.
Indolent ulcers, treatment of, 21.
Induced labors, the value of, 168.
Induration of the penis, 231.
Inebriate; asylum, a national, 19; asylums and their management, 314.
Inebriates; American association for the cure of, seventh annual session, 312; the cure of, 343.
Inebriety; clinical studies of, beginning with sexual excitement and disordered nutrition, 62; originating from irregularities of living and nervous diathesis, 63, 126; following recovery from paralysis, the result of typhoid fever, 64; arising from defective nutrition, irregularities and want of early training, 64; from obscure psychical disorder, 125; from want of early training, 126; from dyspepsia, 127; from inheritance and grief of long duration, 286; from excitement and overwork, 287; from brain lesion, 287; from inheritance and nervous irritation, 288; from joy, 288; duration and prognosis of, 312; and epilepsy, relation and hereditary tendency between, 313.

Infancy, treatment of inflammation of the nervous centres in, 268.
Infantile; convulsions, chloral in, 53; mortality, the prevention of, 115; paralysis, 443.
Inferior maxilla, tumor of, 381.
Inflammation; of the nervous centres in infancy, treatment of, 268; carbuncular, of the lip, 448; chronic, backward luxation of knee in consequence of, 489.
Influence of cerebral anæmia on the circulation, 344.
Information asked, 435.
Ingenious thermo-cautery, 193.
Ingravescent apoplexy, 316.
Inhalation of oxygen in hydrophobia, 517.
Inhalations, carbolic acid, 478.
Injections; hypodermic in glandular enlargements, 169; of quinine in sunstroke, 175; venous, of chloral, 194; hypodermic, of ergot, in the treatment of enlarged spleen, 291; hypodermic, of carbolic acid, in neuralgias, 419; subcutaneous antiseptic, treatment of anthrax with, 495; fluid, in the treatment of intussusception or invagination, 505.
Injury, singular, of the abdominal walls, 391.
Injuries, local, of nerves, and their trophic consequences, 129; to the eye, mercury in, 272.
Insane; association of medical superintendents of American institutions for the, 7; the brains of the, 365.
Insanity; intemperance and, 12; emotional, 80; spiritualism and, 482.
Institutes, Southern female, 370.
Institution, a "retro-vaccination," 157.
Institutions, deaf mute, meeting of principals of, 80.
Instruction of deaf-mutes and voice teaching, or visible speech, 217.
Instruments; new ophthalmological, 137; hard rubber, 325.
Insurance systems, life, 136.
Intemperance; and insanity, 12; as a crime, 429; union of forces against, 459.
Interest, words of, to subscribers, 409.
Internal use of corrosive sublimate in gonorrhœa, 212; administration of chloroform, 475.
International; exhibition, correspondence from, 38, 58, 78, 119, 137, 158, 177, 196, 217, 238, 366; medical congress, organization, 220; proceedings of the, 227, 224; section on otology, 322; congress of ophthalmology, 280.
Intestinal obstruction, opium in, 168.
Intra-; capsular fracture of femur, 87; cranial disease, deafness as an, 137.
Introduction of maize into Europe, 547.
Intussusception; abdominal sections for, 133; fluid injections or forced enemata in, 505
Invagination, treatment of by fluid injections, or forced enemata, 505.
Inventiveness of suicides, 260.
Involution; importance of the prone position in, 119; defective uterine, 166.
Iodine caustic, 552.
Iodoform, therapeutic uses of, 383.
Iridectomy, 294.
Iron, perchloride of, post-partum hemorrhage and the use of the persulphate and, 309.
Irregularities of living, inebriety from, 63, 126.
Irritation, peripheral, paralysis from, 305.
Itch, the sulphide of calcium in, 252.
Items, see last page of each number.

Jaborandi, the action of, 405.
Jefferson College hospital, 347.
Joint; *elbow*—deformity from fractures involving or approximating the, 1; fracture of the, with return to usefulness, after years of disuse, 375; *hip*—the seaside for diseases of the, 97; *knee*—wounds of the, 231; exsection of the, 357; *shoulder*—dislocations of the humerus at the, 123.
July, the heat in, 160.

Kaolin in gleet, 153.
Keiserite, kryolite and, 236.
King Billy's skeleton, 436.
Knee, excision of the, in adults, 71, 357; joint, wounds of the, 231; disarticulation of, 489; removal of loose cartilage of the, 502.
Kryolite and keiserite, 236.

Labor; induced, the value of, 168; atresia vaginæ, the result of, 209; convulsions during, 530–532.
Lacerated wound of the sclerotic cured by conjunctival sutures, 468.
Laceration, cervical ulcer from, 181.
Lachrymal affections in Paris, 225.
Lactic acid as a hypnotic, 361.
Large doses; of ergot, 479; of arsenic, for the cure of clonic spasm, 546.
Laros poisoning case, 219.
Larynx, tumor of, 514.
Last revolutionary pensioner, 40.
Laudanum, a fluid-ounce dose of, and its treatment, 121.
Law, the natural, of marriage, 238; license, of Ontario, Canada, 434.
Lead; line of the gums, 54; diseases of workers in, 366; poisoning, 397, 509; chloride of, as a disinfectant, 478.
Leaf, the coca, 18.
Lecture, clinical, on tertiary syphilis, 81.
Lectures on skin diseases, 547.
Leech trade, the American, 260.
Leg, eczema rubrum of the, 185.
Legacy, a wise, 240.
Leprosy in Norway, 97.
Lice, to destroy, 410.
License law of Ontario, Canada, 434.
Life; tenacity of, in childhood, 65; attributes of, 117; insurance systems, 136; and brain work, 193; duration of, 500, 547.
Ligament, broad, removal of a cyst of the, 349.
Ligation of the carotid artery for retro-globar aneurism with marked exopthalmus, 482.
Ligature; torsion and, 13; elastic, in anal fistulæ, 107.
Light, violet, the mechanical action of, 113.
Limbs, artificial, 259.
Line, lead, of the gums, 54.
Linhart's chisel, for excision of bone, 74.
Liquor potassæ in chlorosis, 132.
List, visiting, the value of a, 522.

Lister's antiseptic dressings, 370.
Lithotomy, a case of supra-pubic, 83.
Lithuria, phimosis with, 395.
Liver, glycogenic power of the, 189; an alkaloid in the brain and, 316; cirrhosis of, 515.
Living, irregularities of, a cause of inebriety, 63, 126.
Local injuries of nerves, and their trophic consequences, 129; spasm, 148; art, therapeutics as a, 386.
Longevity, singular, 240.
Loose cartilage of the knee-joint, removal of, 502.
Loss of both parotid glands, from suppuration of the surrounding areolar tissue, 351.
Lower animals, transmission of measles to the, 389.
Lungs, fetal, post-mortem condition of, 196.
Lupus, a new treatment of, 359.
Luxation, of the knee-joint backward, in consequence of chronic inflammation, 489.
Lying-in asylum in St. Petersburg, 240.

Madame Hutin's cologne, 392.
Mad stone, the, 198, 390.
Magnet, the, in diagnosis, 522.
Maize; rancid oil of, in skin diseases, 17; introduction of, into Europe, 547.
Malarial chill; the use of hydrate of chloral to prevent the recurrence of, 184; taint, the, 544.
Mammary; *tumors*, semi-malignant, the value of pressure in, 96; treatment of, 573; *gland*, carcinoma of, 357.
Man, anatomical evidence of the descent of, 221.
Management; of piles, 78; of a case of eclampsia, 163; of albuminuria, 165; of diphtheria, 169; of diphtheritic paralysis, 188; of cases of cholera morbus, 242; business, 282; of inebriate asylums, 314; of gastric ulcer, 337; of chlorotic anæmia, 388.
Marks, mother's, to remove, 543.
Marriage; family, 235; the natural law of, 238; and multiplying, 411; notices, see last page of each number.
Massage in rheumatism, 473.
Mastic chewing, 547.
Masturbation, the prevention of, 195.
Mathematics of rheumatism, 548.
Maxilla, inferior, tumor of, 381.
Meaning of "epidemic," what is it? 547.
Measles; in dogs, 151; transmission of, to the lower animals, 389.
Measure, therapeutic, snuff taking as a, 31.
Meat, fat, as an external application, 387.
Mechanical action of violet light, 113.
Medal, Chilian prize, 60.
Medical; superintendents of American institutions for the insane, thirtieth annual meeting, 7; education, resolutions respecting, 20; suggestions on, 41; chemistry of the United States in the centennial exhibition, 58; chemistry of Germany, Great Britain and France in the centennial exhibition, 78, 196; mutual aid society, 175; treatment of œsophageal cancer, 211; profession in Russia, 260; corps, U. S. A., promotions in, 303; brotherhood, American, 311; profession, relation of the, to society, 363; batteries in the centennial exhibition, 366, 412; system, the "cheap John," discussed, 430; philosopher, a true, 476; students, the preliminary education of, 521.
Medical Societies—
Allegany county (Md.) Medical Society. Meeting in Frostburg, Md., 111.
American Academy of dental surgery. Meeting July 27, 1867, 139.
American Association for the Cure of Inebriates. Seventh Annual Session, 312.
American Medical Association, 4, 24, 51, 68.
American Pharmaceutical Association. Meeting September, 12, 1876, 259.
American Public Health Association. Annual Meeting, 354.
Association of Medical Superintendents of American Institutions for the Insane. Thirtieth Annual Meeting, 7.
Association of Representatives of American Medical Colleges, 27.
British Medical Association. Annual meeting, August 1, 1876, 198.
Canada Medical Association and American Medical Association. Meeting of joint committee of conference, 251.
Clinton county (Iowa) Medical Society. Meeting October 3, 1876, 380.
College of Physicians, of Philadelphia 71, 129, 209, 423, 537.
Gallia county (Ohio) Medical Society. Meeting July, 5, 1876, 120.
Harford County (Md.) Medical Society. Meeting May 9, 1876, 31.
International Congress of Ophthalmology. Meeting September 12, 1876, 280.
International Medical Congress, 220, 227, 244, 322, 433.
Medical and Surgical Society of Baltimore, 89, 270.
Medical Society of the County of New York. Meeting September 25, 1876, 358.
Medical Society of Virginia. Seventh annual meeting, 403.
Mississippi State Medical Association. Ninth annual meeting, 73.
New York Academy of Medicine. Meeting October 5, 1876, 358.
New York Pathological Society, 85, 108, 356, 381, 445, 513.
Northern Medical Association of Philadelphia, 87, 110, 148.
Pennsylvania State Dental Society. Eighth annual meeting, 140.
Philadelphia County Medical Society. Meeting October 11, 1876, 493.
Rhode Island State Medical Society. 30, 314.
Wheeling and Ohio County Medical Society, 414.
Vermont State Medical Society. Meeting at Montpelier, 424.
Medicine; State, 44; the physics of, 155; Arab faith in, 392.
Medico-legal significance of the corpus luteum, 179.

Membrana tympani, a new artificial, 527.
Membranes, case of abnormally adherent, 347.
Meningitis, cerebro-spinal, pathognomonic symptom of, 117; the etiology of, 212; successful treatment of, 449.
Menstrual blood, uterus distended with, 209.
Mental pathology, definitions in, 544.
Mercury; in injuries of the eye, 272; potassium chlorate and, 554.
Method, Esmarch's, and its use in aneurism, 251; Tranchina's, of embalming, 432.
Methods, the antiseptic, 257.
Metal, the new, gallium, 97.
Metric system, the, 322.
Metrical weights, use of, in prescriptions, 201.
Metrorrhagia with retroflexion, 181.
Microscopy of the blood, 300.
Military surgery, German, 38.
Milk; dog's in rickets, 189; comparative researches on, 254.
Mixture; salicylic, in diphtheria, 17; Hope's 526.
Modern therapeutics, Napheys', fourth edition, 364.
Monobromated camphor, 413.
Monobromide of camphor, 350.
Monstrosity, possibly from maternal impressions, 442.
Morbus coxæ, exsection, 381.
Morphia, solutions of, for hypodermic use, 157.
Mortality; infantile the prevention of, 115; from syphilis, 451.
Mothers; arrest of, with children at the breast, 458; marks, to remove, 543.
Multiple antidote, a, 174.
Multiplying, marriage and, 411.
Muriate ammonia in enlargement of the spleen, 197.
Muscular contractions, 32.
Mushroom poisoning, antidotes for, 175; case of, 325.
Mutual aid society, medical, 175.

Nævus, capillary, treatment of, 117.
Naphey's Modern Therapeutics, fourth edition, 364.
National; inebriate asylum, 19; health and wealth, the importance of forests to, 192.
Natural; law of marriage, 238; and supernatural, 542.
Nature of ergotin, 390.
Neck, wry, 273.
Neglected glaucoma, remarks on, 393.
Nerve; causation, corymbiform arrangement of eruption as indicative of, 93; stretching, in tetanus, 117; centres, physiology of the, 271.
Nerves; local injuries of, and their trophic consequences, 129; sensory, persistence of sensibility in divided, 272.
Nervous; diathesis, its relation to inebriety, 63; centres, treatment of inflammation of the, as it occurs in infancy, 268; diseases, electricity and, 369; review of the treatment of, 533.
Neuralgia; persistent facial, 104; gelseminum sempervirens in, 196; hypodermic injection of carbolic acid in, 416; treatment of, 533.
New; metal, gallium, 97; adhesive plaster, 98; ophthalmological instruments, 137; operation for the obliteration of depressed cicatrices, 190; treatment of lupus, 359; gastroscope, 433; plan for drainage of wounds, 496; artificial membrana tympani, 527; remedies, some thoughts on, 541.
Nickel coin, results of swallowing a, 84.
Night practice in Paris, 78.
Nipples; fissured and ulcerated, treatment of, 17; sore, picric acid for, 452.
Nitrite of amyl, antidote to, 390; uses of, 453.
Nocturnal awaking of children in a state of fright, 425.
Norway; the leprosy in, 97; chronic Bright's disease in, 317.
Notes; on the German medical exhibits in the centennial exhibition, 196; on Parisian ophthalmology, 224; of an epidemic of diphtheria in Tennessee, 368; on current medical literature, see each number.
Numbness, the symptom, 470.
Numerous calculi, 343.
Nurses, schools for, 35.
Nutrition, defective, a cause of inebriety, 64.
Nutritive power of fibrine, 174.
Nymphomania, the relations of hysteria to, 360.

Obituary Notices:—
Dr. George H. Napheys, 36; Drs. F. K. Bailey, John S. Parry, 40; Prof. Ehrenberg, 140; Dr. Walter Channing, 100; Dr. W. W. Alexander, 180; Dr. A. G. Walters, 370; Hon. George V. Mitchell, M. D., Dr. G. W. Pringle; 414; John McNeil, M. D., 460; Richardson Harrison, M. D., 482; James Thorn, M. D. 504; Dr. James L. Wentworth, 554.
Obliteration of depressed cicatrices, new operation for, 190.
Obliterative arteritis, 74.
Obscure psychical disorder a cause of inebriety, 125; symptoms, in a case of hernia, 532.
Observation of ozone in Paris, 279.
Obstruction; intestinal, opium in, 168; aortic, 493.
Œsophageal cancer, medical treatment of, 211.
Oil; of maize, rancid, in skin diseases, 17; castor, a palatable vehicle for, 19.
Ointments, salicylic acid, 167.
Oleum terebinthinæ in the treatment of diphtheria in tonsillitis, 206.
One ultimate element, 195.
Ontario, Canada, the license law of, 434.
Opacity, corneal, cyprea shells in, 98.
Operation for the obliteration of depressed cicatrices, 190.
Operations, surgical, on children, 57.
Operators, the delirium of, 499.
Ophthalmia, scrofulous, the treatment of, 295.
Ophthalmology; Parisian, notes on, 224; the international congress of, 280.
Ophthalmological instruments, new, 137.
Opium; eating, painless cure for, 98; poisoning, belladonna in, 99; in intestinal obstruction, 168; poisoning treated by electricity and belladonna, 469.
Optic thalami, functions of the, 299.

Orange tree, the, 117.
Orbit, sarcoma of the, 86.
Orchitis, treatment of, 543.
Orgasms, spontaneous, 326, 370.
Origin; of urea in the body, 32; of zymotic disease, 292; curious, of stone, 553.
Os uteri; treatment of excoriations of the, 153; to cleanse the, 236.
Ovarian; tumor, 109; cyst, complicating delivery, 162; disease, vomiting as a symptom of, 166; cysts, dispersion of by electricity, 176, 335, 353.
Ovariotomy, 5, 485.
Overwork, inebriety from, 287.
Oxygen, inhalation of in hydrophobia, 517.
Ozone; powder for producing, 257; observations in Paris, 279; producers, fountains as, 300; an active poison, 361.

Pain, quinine for the relief of, 344.
Painless cure for opium eating, 98.
Palatable vehicle for castor oil, 19.
Palmar psoriasis, formula for, 364.
Palsy, cerebral, 444; peripheral, 445.
Pancreatin, 517.
Paralysis; inebriety following recovery from, 64; Dr. Brown-Sequard on, 188; diphtheritic, the management of, 188; from peripheral irritation, 305; infantile, 443.
Paris; system of night practice in, 78; ozone observations in, 279; typhoid fever in, 547.
Parisian ophthalmology, notes on, 224.
Parotid gland, extirpation of the, by the galvanic cautery, 185; loss of both, from suppuration of the surrounding areolar tissue, 351.
Parturition, chloral in, 53.
Paroxysms, hysterical, treatment of, 300.
Patella, congenital absence of the, 362.
Pathognomonic symptom of cerebro-spinal meningitis, 117.
Pathological fractures, 54.
Pathology; of fever, 233; general, of asthma, 261, 283; mental, definitions in, 544.
Patient, a grateful, 503.
Pediculi, formula for, 364.
Penetrating wound of chest, 446.
Penis, induration of the, 531; epithelioma of the, 534.
Pensioner, the last revolutionary, 40.
Perforation of appendix vermiformis, 109.
Perineum, anatomy of the, 72.
Peripheral; irritation, paralysis from, 305; palsy, 445.
Persistence of sensibility in divided sensory nerves, 272.
Persistent facial neuralgia, 104.
Personal items, see last page of each number.
Pertussis, priority of the use of quinine in, 369.
Persulphate and perchloride of iron in post-partum hemorrhage, 309.
Pernicious anæmia, progressive, the diagnosis of, 339.
Pessaries, flat, the advantages of, 317.
Pharmacopœia, United States, revision of, 196.
Pharmacy; American, in the centennial exhibition, 118; foreign, in the centennial exhibition, 158.
Phenol and thymol as poisons, 157.
Philadelphia, the health of, 325, 392.
Philosopher, a true medical, 476.
Phlyctenular corneitis, 89.
Phimosis with lithuria, 395.
Phosphorus as a remedial agent, 453.
Phthisis; syphilitic, 132, 301; the forms of, 165; recent contributions to the treatment of, 319; signs of the first stage of, 447; the prognosis of, 517; fistula ani in, 543; heredity of, 543.
Physical culture, the effects of, 390.
Physician in ancient Wales, 57.
Physicians as dispensers, 498.
Physics of medicine, 155.
Physiological effects of galvanism, 237.
Physiology of the nerve centres, 271.
Picric acid for sore nipples, 452.
Piles, the management of, 78; a secret remedy for, 405.
Placenta; pulling at the, 176; centralis, complicated with convulsions, 457.
Plague, the, 20.
Plan, a new, for drainage of wounds, 497.
Plans for registering diseases, 16.
Plant, anæsthesia, 298.
Plaster, a new adhesive, 98; chloral, 175.
Plastered wines, 216.
Plea for hysteria, 525.
Pleasure and pain, 277, 297.
Pleural; effusions and their treatment, 273; adhesions, extensive, without symptoms, 502.
Pleurisy, blistering in, 342.
Pleuritis, purulent, thoracentesis for the relief of, 447.
Pneumonia, senile treatment of, 113.
Poisoning; by carbolic acid, 73; opium, belladonna in, 99; arsenical, signs of, in the heart, 112; mushroom, antidotes for, 175; case, the Laros, 219; by atropia, 269; from canned beef, 301; arsenical and lead, 397, 509; opium, treated by electricity and belladonna, 469; from glycerine, 523.
Poisonous; corned beef, is it? 207; hams from Cincinnati, 258.
Poisons; thymol and phenol as, 157; ozone an active, 361.
Poke root and its preparations, 517.
Polypoid growths, efficient cauterant for, 404.
Porrigo decalvans, formula for, 116.
Position, prone, in insolation, importance of the, 119.
Posterior catheterization, 293.
Post-mortem condition of fetal lungs, 196.
Post nasal catarrh, deafness from, 384.
Post-partum hemorrhage; and the use of the persulphate and perchloride of iron, 309; the prevention of, 391.
Potassæ, liquor, in chlorosis, 132.
Potash, anæsthetic action of bicarbonate of, 343.
Potassium; the caustic properties of bromide of, 496; chlorate and mercury, 554.
Poultices, vaginal, 194.
Powder for producing ozone, 257.
Power, nutritive, of fibrine, 174; glycogenic, of the liver, 189; brain, 343.
Practice, night, system of, in Paris, 78.

Preliminary education of medical tudents, 521.
Prescription writing, 95.
Preserve ice in the sick room, 158.
Prevention of the dangers of vaccination, 172.
Pregnancy; a case of extra-uterine, 92; abdominal, curious case of, 194; with imperforate hymen, 236; with vaginal atresia, 346; hysterical convulsions during the fifth month of, 530.
Pregnant women, the significance of an unruptured hymen in. 152.
Preparations of poke-root, 517.
Prescriptions, the use of metrical weights in, 201.
President Sims' address, 56.
Pressure, value of, in semi-malignant mammary tumors, 96.
Prevention; of infantile mortality, 115; of death from burning gas, 117; of masturbation, 195: of post partum hemorrhage, 391.
Preventive of framboesia, vaccination a, 195.
Prickly heat, the relief of, 237.
Principals of deaf-mute institutions, 80.
Principles of antiseptic surgery, 371.
Priority of the use of quinine in pertussis, 369.
Prize; medal, the Chilian, 60; question, 199.
Proceedings of the association of representatives of American colleges, 27.
Producers of ozone, fountains, 300.
Profession, medical; in Russia, 260; relation of the, to society, 363.
Professor Volkman on cancer, 232.
Prognosis of inebriety, 312; of phthisis, 516.
Progress of cadaveric decay, 216.
Progressive pernicious anæmia, the diagnosis of, 339.
Prolapsus recti, treatment of, 176.
Promise, a reminder and a, 499.
Promotion in the medical corps, U. S. Army, 303.
Prone position in involution, importance of the, 119.
Proper action, 304.
Properties of squills, 96; caustic, of bromide of potassium, 496.
Prophylaxis; in enlarged tonsils, 153; of puerperal fever, 411.
Providence, diphtheria in, 436.
Prurigo of gestation, 258.
Pruritus vulvæ of diabetes, 404.
Prussian ambulance system, the, 236.
Prussic acid in cough, 293.
Psychical disorders, obscure, inebriety from, 125.
Public hygiene, 44.
Puerperal; eclampsia, treatment of, 119, 178; convulsions—141, 302, 530, 549; hydrate of chloral in, 388; fever, the prophylaxis of, 411.
Pulling at the placenta, 176.
Pulsation of the funis felt externally, 170.
Pulse, singularly slow, 237.
Punctured wound of the rectum, 332, 417.
Purifiers, natural, 68.
Purulent pleuritis, thoracentesis for, 447.
Pycnanthemum linifolium, 390.
Quantity of drugs used, 453.
Queries and Replies—
Enlarged spleen, etc., 20, 100; syrup of hypophosphites, etc., 60; a question in ethics, etc., 140, 304; persistent vomiting in pregnancy, etc., 180; hay fever, scrofulosis, 220; eating charcoal, etc., 240; spontaneous orgasms, 326, 370; fluid extract of rosin weed, in asthma, etc., 348; southern female institutes; Lister's antiseptic dressings; ascites, 370; Carthagena bean, 392; archebiosis, etc., 414; salicylic acid—croup, 436; ozone, etc., 460; treatment of pneumonia, etc., 504 miscellaneous, 548; chronic diarrhœa, 554.
Question; the bran bread, 116; a prize, 199; the temperance, at Brussels, 391; the woman, 413.
Questions on anæsthesia, by the surgeon-general, 392.
Questionable value of sutures, 280.
Quinia, the abortive treatment of whooping cough by sulphate of, 161.
Quinine; injections in sunstroke, 175; the hypodermic use of, 194; in diphtheria, 301; for the relief of pain, 344; priority of the use of, in pertussis, 369; in gonorrhœa, 431; the duty on, 481; salicylate of, as an antipyretic, 537.
Rabies, successfully treated by woorara, 175.
Radical cure of hernia, 279.
Radii and ulna, diastasis of, 87.
Radius, fracture of the, with erysipelas, 51.
Rancid oil of maize in skin diseases, 17.
Ranula, the treatment of, 339.
Rarefied air, therapeutic uses of compressed and, 71; on the use of, 241.
Rarity of hydrophobia, 547.
Ravages of cholera, 120.
Recent contributions to the treatment of phthisis, 319.
Recovery from paralysis, the result of typhoid fever, followed by inebriety, 64.
Rectum, punctured wound of the, 332, 417.
Recurrence of the malarial chill, the use of hydrate of chloral to prevent the, 184.
Reflex action of tendons, 442, 479.
Registering diseases, plans for, 16.
Relation and hereditary tendency between inebriety and epilepsy, 313.
Relations of sex and species, 76; of hysteria to nymphomania, 360; of the medical profession to society, 363; of cardiac to uterine disease, 410; of diseases of the skin to diabetes, 495.
Relief; of prickly heat, 237; of pain, quinine for the, 344; of purulent pleuritis, thoracentesis for the, 447.
Remarkable case of gall-stones, 66.
Remarks; on apoplexy, 315; on neglected glaucoma, 393.
Remedy; a secret for asthma, 77; for dandruff, 258; for piles, 405.
Remedial agent, phosphorus as a, 453.
Remedies, new, some thoughts on, 541.
Reminder, and a promise, 499.
Removal; of foreign bodies in the tympanic cavity, 243; of the spleen, 253; of a cyst of the

broad ligament, 349 ; of loose cartilage of the knee-joint, 502.
Remove mother's marks, to, 543.
Report ; of a case of atropia poisoning, 269 ; annual, of the surgeon general, U. S. A., 521.
Representatives of American medical colleges, proceedings of the association of, 27.
Researches, comparative, on milk, 254.
Resections, 441.
Resolutions respecting medical education, 20.
Resources, surgical, 174.
Results in a case of swallowing a nickel coin, 84.
Retro-vaccination institution, a, 157.
Return to an ancient disinfectant, 499.
Review ; of the treatment of nervous diseases, 533 ; of the year, 553.
Reviews and Book Notices, see each number.
Revision of the United States pharmacopœia, 196.
Revolutionary pensioner, the last, 40.
Rheumatic ; fever treatment of, 280 ; gout, 362.
Rheumatica sciatica, 105.
Rheumatism ; salicin and salicylic acid in, 13, 112, 237, 281 ; chronic, sassafras in, 342 ; spinal, 343 ; acute, treatment of, 426 ; gonorrhœal, 431 ; massage in, 473 ; mathematics of, 548.
Rheumatoid arthritis and its treatment, 187.
Rickets, dog's milk in, 189.
Rigaud's treatment of varicose veins, 112.
Rochester, births in, 20.
Rome, ancient, duration of life in, 500.
Room, sick, to preserve ice in the, 158.
Rosin weed, fluid extract of, in asthma, 348.
Rupture ; of spleen, 85 ; of bladder, 108 ; of uterus, 356, 381 ; of aneurism of arch of aorta into trachea, 381.
Russia, the medical profession in, 260.
Rye, treatment of typhoid fever by ergot of, 479.

Salicin ; and salicylic acid in rheumatism, 13, 237, 281 ; therapeutics of, 17 ; in acute rheumatism, 112.
Salicylate ; of sodium, 428 ; of quinine, as an antipyretic, 537.
Salicylic ; mixture in diphtheria, 17 ; *acid*, 366, 409, 436, 133 ; ointments, 167 ; condition in which it is secreted, 496 ; salts of, 389 ; solution of, 411.
Salts of salicylic acid, 389.
Sanitary exposition, the Brussels, 173.
Santonine, dangers from, 496.
Sarcoma ; of orbit, 86 ; and scleroderma of the tibia, 445.
Sarcomatous tumor, 209.
Sassafras in chronic rheumatism, 342.
Savannah, yellow fever at, 259, 503.
Scalp wounds, stitches in, 544.
Scandalous action, 522.
Scarlatinal albuminuria, 479.
Scarlet fever ; sulpho-carbolate of soda in, 187 ; sulphur treatment of, 538 ; in childbed, its treatment, 538.
Schools for nurses, 35.
Sciatica ; rheumatic, 105 ; formula for, 534.
Science, curiosities of, 60.
Scleroderma of the tibia, 445.
Sclerosis, 510.
Sclerotic, lacerated wound of the, cured by conjunctival sutures, 468.
Scope and importance of electro therapeutics, 483.
Scrofulous ophthalmia, treatment of, 295.
Seaside, the, for hip-joint disease, 97.
Season, why early autumn is an unhealthy, 157.
Secret ; remedy for asthma, 77 ; pile remedy, 405.
Section ; abdominal, for intussusception, 133 ; on otology, international medical congress, 322.
Seed, watermelon, in trachea, 515.
Semi malignant mammary tumors, the value of pressure in, 96.
Senile ; pneumonia, treatment of, 113 ; cataract, 147.
Sensibility, persistence of, in divided sensory nerves, 272.
Serum of blood as a therapeutic agent, 427.
Sex ; and species, the relations of, 76 ; the determination of, 116.
Sexual excitement and disordered nutrition a cause of inebriety, 62.
Sham doctors, 459.
Shells, cyprea, in corneal opacity, 98.
Shortening in fractures, 257.
Shoulder joint, dislocation of the humerus at the, 123.
Sick room, to preserve ice in the, 158.
Sickness at different ages, 301.
Sight, weak, illusory symptoms of, 101.
Significance of an unruptured hymen in pregnant women, 152 ; medico-legal, of the corpus luteum, 179.
Signs ; of arsenical poisoning in the heart, 113 ; of death, 158 ; of the first stage of phthisis, 447.
Silphium cyrenaicum the, 176.
Simulated syphilis, 18.
Singular ; injury of the abdominal walls, 391 ; longevity, 240 ; accident, 332.
Singularly slow pulse, 237.
Skeleton, King Billy's, 436.
Skin ; *diseases*, rancid oil of maize in, 17 ; formulæ for, 364 ; relation of to diabetes, 495 ; lectures on, 546 ; grafting, 329.
Skull, gunshot wound of the, 223.
Slow pulse, 237.
Small-pox, an epidemic of, 503.
Smoking belladonna in asthma, 431.
Snake bite, the ammonia treatment of, 413.
Snuff-taking as a therapeutic measure, 31.
Society ; relation of the medical profession to, 363 ; medical mutual aid, 175.
Soda, sulpho-carbolate of, in scarlet fever, 197 ; in diphtheria, 456.
Sodium ; the salicylate of, 428 ; bromide of, in epilepsy, 342.
Solution ; of morphia for hypodermic use, 157 ; of salicylic acid, 411.
Some thoughts on new remedies, 541.
Sore nipples, picric acid for, 452.
Southern female institutes, 370.
Spasm ; local, 148 ; *clonic*, conium in, 252 ; cured by large doses of arsenic, 546.

Speakers, diffident, comfort for, 365.
Species, the relation of sex and, 76.
Specific against hydrophobia, 38.
Speculum, the use and abuse of the, 169.
Spermatorrhœa, the cure of, 453.
Spinal; anæmia, 305; rheumatism, 343.
Spiritualism and insanity, 482.
Spleen; rupture of, 85; *enlarged*, remedy for, 20, 100; muriate ammonia in, 197; successfully treated by hypodermic injections of ergot, 291; removal of the, 253.
Splints, foreign, at the centennial exhibition, 238.
Spontaneous; orgasms, 370; generation, 300.
Sprain, the treatment of, 189.
Sprained stomach, a, 120.
Spread of syphilis, suggestion regarding the, 546.
Squills, the properties of, 96.
Stage, the first, of phthisis, signs of, 447.
State; medicine and public hygiene, 44; of fright, nocturnal awaking of children in a, 425; board of health of Wisconsin, 458.
Statistics; of tobacco smoking, 299; vital, 482.
Stammering a hereditary defect, 54.
Sterility in the female, 253.
Stimulant, cerebral, belladonna as a, 479.
Stitches in scalp wounds, 544.
Stomach; cancer of the, 99, 516; a sprained, 120; tuberculous ulcer of the, 473.
Stone; the mad, 198; the causes of, 274; curious origin of, 553.
St. Petersburg lying-in asylum, 240.
Strangulated hernia, causes of death in, 294.
Strychnia, experiments with, 299.
Students, medical, preliminary education of, 521.
Studies, clinical, of inebriety, 62, 125, 286.
Subcutaneous antiseptic injections in the treatment of anthrax, 495.
Sublimated collodion, 411.
Subscribers, words of interest to, 409.
Successful treatment of enlarged spleen by hypodermic injections of ergot, 291; of meningitis, 449.
Suicides, inventiveness of, 260.
Suggestion regarding the spread of syphilis, 546.
Sulphate of quinia, abortive treatment of whooping cough by, 161.
Sulphide of calcium in itch, 252.
Sulpho-carbolate of soda in scarlet fever, 197; in diphtheria, 456.
Sulphur treatment of scarlet fever, 538.
Sunstroke, quinine injections in, 175; a case of, 509.
Supernatural, natural and, 542.
Supernumerary fingers, hereditary, case of, 369.
Suppuration of the areolar tissue, loss of both parotid glands from, 351.
Suppurative corneitis, 90.
Supra pubic lithotomy, a case of, 83.
Surgeon General; questions by, on anæsthesia, 392; annual report of, 521.
Surgery; the German military, 38; veterinary, 304; dental, advance in, 322; antiseptic, the principles of, 371, 411.
Surgical; operations on children, 57; resources, 174.
Sutures; the questionable value of, 280; conjunctival, in the cure of lacerated wound of the sclerotic, 468.
Swallowing a nickel coin, results of, 84.
Sweating, colliquative, to check, 18.
Symptom; pathognomonic, of cerebro-spinal meningitis, 117; of ovarian disease, vomiting as a, 166; numbness, 470.
Symptoms; illusory, of weak sight, 101; extensive pleural adhesions without, 502; obscure, in a case of hernia, 532.
Synovitis, 50.
Syphilis; simulated, 18; tertiary, lecture on, 81; is it our duty to have it, 278; hydrochloric acid in, 299; mortality from, 451; suggestion regarding the spread, 546.
Syphilitic; condylomata, 49; phthisis, 133; phthisis, 301.
Syphiloderm, 50.
Syrup of hypophosphites, 60.
System of night practice in Paris, 78; the concours, 97; the Prussian ambulance, 236; the metric, 322; the "Cheap John" medical, discussed, 430.

Tænia solium, 381.
Taint, the malarial, 544.
Tannic acid and ergot in the treatment of diabetes insipidus, 210.
Tapeworm, balsam of copaiba for, 93; horseflesh and, 97.
Technics of vaccination, 255.
Temperance question at Brussels, 391.
Temperature; extremes of in 1875, 95; as affecting heart action, 96.
Temple of Esculapius, 199.
Tenacity of life in childhood, 65.
Tendons, reflex action of, 442, 479.
Tennessee, notes of an epidemic of diphtheria in, 368.
Terebinthinæ, oleum, in the treatment of diphtheria in tonsillitis, 206.
Tertiary syphilis, clinical lecture on, 81.
Testicles, tubercular disease of, 87.
Tetanus; nerve-stretching in, 117; traumatic, 456, 492.
Texas, health of, 482.
Therapeutic: measure, snuff-taking as a, 31; uses of compressed and rarefied air, 71; uses of iodoform, 383; agent, the serum of blood as a, 427; alcohol as a, 427; uses of the cyanide of zinc, 518.
Therapeutics, the basis of, 341; Napheys' Modern, fourth edition, 364; as a local art, 386; electricity in, 408.
Thermo-cautery, an ingenious, 193.
Thoracentesis for relief of purulent pleuritis, 447.
Thoracic; aorta, aneurism of, 85; cavity, gunshot wound of, 131.
Thoughts on new remedies, 541.
Thrombosis of the cerebral veins, 423.
Thymol and phenol as poisons, 157.
Tibia; ununited fracture of the, treated by drilling, 290; sarcoma and scleroderma of the, 445.
Tissue; loss of both parotid glands from suppuration of the surrounding areolar, 351.

Tobacco smoking, statistics of, 299.
Tongue, tumor at the base of the, 183.
Tonsillitis, treatment of diphtheria in, with oleum terebinthinæ, 206.
Tonsils, enlarged, prophylaxis in, 153.
Torsion; and ligature 13; of arteries, 113; the arrest of hemorrhage by, 427.
Trachea, watermelon seed in the, 515.
Tracheotomy, 109, 515.
Trade in American leeches, 260.
Tranchina's method of embalming, 432.
Transmission of measles to the lower animals, 389.
Transmitted gout, the forms of disease assumed by, 91.
Traumatic; tetanus, 456, 492; ectropium, 535,
Travel, climate and, in the treatment of consumption, 454, 480, 500, 523, 544.
Treatment; of fissured and ulcerated nipples, 17; of indolent ulcers, 21; of varicose ulcers, 92; Rigaud's, of varicose veins, 112; of senile pneumonia, 113; of capillary nævus, 117; of puerperal eclampsia, 119; of an overdose of laudanum, 121; of elephantiasis nasi by decortication, 133; of excoriations of the os uteri, 152; abortive, of whooping cough by sulphate of quinia, 161; of hypospadias, 169; of rabies by woorara, 175; of prolapsus recti, 176; of rheumatoid arthritis, 187; of diphtheria, 187, 418; of sprain, 189; of diphtheria in tonsillitis with oleum terebinthinæ, 206; of diabetes insipidus with ergot and tannic acid, 210; of œsophageal cancer, 211; of chronic eczema, 212; of inflammation of the nervous centres and their appendages, as it occurs in infancy, 268; of pleural effusions, 273; of rheumatic fever, 280; abortive, of erysipelas, 280; of ununited fracture of the tibia by drilling, 290; of enlarged spleen by hypodermic injections of ergot, 291; of burns, 293, 338; of scrofulous ophthalmia, 295; of cancer, 299; of hysterical paroxysms, 300; of phthisis, recent contributions to, 319; of varicose ulcers, 327; of ovarial cysts by electricity, 335, 353; of ranula, 339; a new, of lupus, 359; of albuminuria, 361, 538; of retro-globar aneurism by ligation of the carotid artery, 382; of diabetes mellitus, 398; ammonia, of snake bite, 413; of acute rheumatism, 426; of amputations, 437; successful, of meningitis, 449; of consumption, climate and travel in, 454, 480, 500, 523, 544; of opium poisoning, by electricity and belladonna, 469; of typhoid fever by ergot of rye, 479; of empyema by free incision, 488; of anthrax, with subcutaneous antiseptic injections, 495; of intussusception or invagination, by fluid injections or forced enemata, 505; of abscesses, by hyper-distention with carbolized water, 518; of nervous diseases, 533; antiseptic, of wound of elbow joint, 536; sulphur, of scarlet fever, 538; of scarlet fever in childbed, 538; of orchitis, 543.
Tree, the orange, 117.
Trepan, when to, 405.
Tricophyton, formula for, 364.
Trophic consequences of the local injuries of nerves, 129.
True medical philosopher, a, 476.
Tube, fallopian, tubular cyst of, 86.
Tubercular disease of testicles, 87.
Tuberculosis in children, 38.
Tuberculous ulcer of the stomach, 473.
Tubular cyst of fallopian tube, 86.
Turkey, the "Geneva cross" in, 326.
Tumor; ovarian, 109; vaginal, 181; at the base of the tongue, 183; sarcomatous, 209; of inferior maxilla, 381; mammary, 513; of larynx, 514.
Tumors; semi-malignant mammary, the value of pressure in, 96; fibrous, caused by earrings, 198.
Tympanic cavity, foreign bodies in the, and their removal, 243.
Typhoid fever; treatment of, by ergot of rye, 479, 542; in Paris, 547.

Ulcerated nipples, treatment of, 17.
Ulceration of the frenum linguæ in whooping cough, 176.
Ulcers; indolent, treatment of, 21; of the cornea, 37; chronic, and their accompaniments, 61; varicose, treatment of, 92, 327; cervical, from laceration, 181; chloral in, 301, 389; gastric, management of, 337; tuberculous, of the stomach, 473.
Unhealthy season, why early autumn is an, 157.
Union of forces against intemperance, 459.
United States; medical chemistry of, in the centennial exhibition, 58; pharmacopœia, revision of the, 196.
University of Ann Arbor, 40.
Unruptured hymen, the significance of in pregnant women, 152.
Ununited fracture of the tibia treated by drilling, 290.
Urea, origin of, in the body, 32.
Urine, incontinence of, 431.
Use; hypodermic, solutions of morphia for, 157; and abuse of the speculum, 169; of hydrate of chloral to prevent the recurrence of malarial chill, 184; hypodermic, of quinine, 194; of metrical weights in prescriptions, 201; internal, of corrosive sublimate in gonorrhœa, 212; of compressed and rarefied air, 241; of Esmarch's method in aneurism, 251; of the persulphate and perchloride of iron in post-partum hemorrhage, 309; of quinine in pertussis, 369; of conium, 389.
Uses, therapeutic, of compressed and rarefied air, 71; of iodoform, 333; of bromohydric acid, 410; of bromide of camphor, 410; of the cyanide of zinc, 518.
Uterine; catarrh, ergot in, 96; involution, defective, 166; hemorrhage, 322; fibroids, ergotin in, 359; disease, relations of cardiac to, 410.
Uterus; distended with menstrual blood, 309; rupture of, 356, 381; dilatation of, 382; how to examine the, 426.
Utilizing the ague, 392.

Vaccine case, a, 482.
Vaccination; compound fracture, complicated by, 67; its dangers, and their prevention, 172; prevention of framboesia, 195; the technics of, 255; animal, 325.
Vaginal; tumor, 181; poultices, 194; atresia, pregnancy with, 346.
Value; of pressure in semi-malignant mammary tumors, 96; of induced labors, 168; questionable, of sutures, 280; of cinchonidia, 432; of a visiting list, 522.
Varicose; ulcers, treatment of, 92, 327; veins, Rigaud's treatment of, 112.
Vegetable diet for epileptics, 389.
Vehicle, a palatable, for castor oil, 19.
Veins, cerebral, thrombosis of the, 423.
Venous injections of chloral, 194.
Veratrine, colchicine and, 232.
Vertebræ, cervical, anchylosis of, 99.
Vertigo, auditory, the diagnosis of, 384.
Veterinary surgery, 304.
Violet light, the mechanical action of, 113.
Virgin, atresia vaginæ in the, 208.
Visiting list, value of a, 522.
Vital statistics, 482.
Vitreous humor, wound of the, 432.
Voice; teaching, or visible speech, 217; American climate and the, 503.
Volkmann, Professor, on cancer, 232.
Vomiting as a symptom of ovarian disease, 166.

Walls, abdominal, singular injury of the, 391.
Wales, ancient, the physician in, 57.
Want of early training, inebriety from, 126.
Water, carbolized in the treatment of abscesses, 518.
Watermelon seed in the trachea, 515.
Weak sight, the illusory symptoms of, 101.
Wealth, national, the importance of forests to, 192.
What does epidemic mean? 547.
When to trepan, 405.
Whooping cough; conclusions concerning, 111; abortive treatment of, by sulphate of quinia, 161; ulceration of the frenum linguæ in, 176.
Wine, enemata of, 58.
Wisconsin State board of health, 458.
Wise legacy, a, 240.
Woman question, the, 413.
Woorara, rabies successfully treated by, 175.
Words of interest to subscribers, 409.
Work, life and brain, 193.
Workers in lead, diseases of, 366.
Wound, lacerated, of the sclerotic, cured by conjunctival sutures, 468; of the elbow-joint treated antiseptically, 536.
Wounds, gunshot, of the thoracic and abdominal, cavities, 131; of the skull, 223; knee-joint, 231; punctured, of the rectum, 332, 417; ill-conditioned, camphor in, 431; of the vitreous humor, 432; new plan for drainage of, 496; of the scalp, stitches in, 544.
Wrist; excision of, 357; exsection of, 536.
Writing, prescription, 95.
Wry-neck, 273.

Year; review of the, 553; closed, 554.
Yellow fever, progress of, 304, 325, 392, 503.

Zinc, therapeutic uses of the cyanide of, 185.
Zymotic diseases, the origin of, 292.

CONTRIBUTORS.

ALLEN, HARRISON, Prof., *Clinic*, 49; *Lecture*, 61.
ALLIS, OSCAR H., 1, 375.
ANTHONY, W. E., 128, 347, 456.
APPLEY, B. W., 502.

BASKERVILLE, CHARLES, 107.
BEARDSLEY, GEORGE L., 21, 327.
BINKERD, A. D., 258.
BLUMBERG, A., 241.
BOYLAND, G. HALSTEAD, 458.
BRISTOW, A. T., *Report*, 492.
BURKE, JOHN, 369.
BURKE, MARTIN, 469.
BURNETT, SWAN M., 224, 280.

CADY, N. W., *Report*, 379, 400, 489.
CHANDLER, W. T., 309.
CHASE, E. Y., 485.
CHASE S. L., 99.
COMPTON, J. W., 417.
CORSON, HIRAM, 302.
CRAM, C. W., 261, 283.
CRANDALL, F. H., 281, 352.
CRANMER, CHARLES C., 398, 546.
CROTHERS, T. D., 62, 125, 286.

DEMME, THEODORE A., 223.
DOWELL, GREENSVILLE, 123.
DRAKE, E. L., 368.
DUHRING, LOUIS A., Prof., *Clinic*, 185.
DULLES, CHARLES WINSLOW, *Report*, 61.

FARNSWORTH, P. J., 99.
FAULKNER, WILLIAM, 120, 456.
FORWOOD, W. STUMP, 332.
FOSTER, D. W., 391.
FUNDENBERG, GEORGE B., 181, 289.

GARBIT, FREDERICK J., *Report*, 505.
GAY, NORMAN, 437.
GAZZO, JOHN B. C., 98.
GOSS, I. J. M., 350.
GUILD, JAMES, Jr., 197.

HARLAN, G. C., 525.
HAWKINS, THOMAS, 505.
HAY, THOMAS, 147.
HEAD, E. B., 198.
HEREFORD, JAMES W., 415.
HETZELL, D. G., 442.
HINTON, RUFUS K., 161, 457.
HORNER, FRED., Jr., 311, 397.
HURD, E. P., 395.
HUTCHISON, Dr., *Clinic*, 536.

JAMESON, J. T., 141.
JESSUP, A. J., 502.
JONASSON, JONAS, 346.
JONES, J. J., 291.

KEDZIE, R. C., 68.
KILPATRICK, A. R., 83.
KLINE, L. B., 183.

LACKEY, R. M., 290.
LANDESBERG, M., 468.
LASSING, H., 207.
LEAMAN, HENRY, *Clinic*, 511.
LEE, BENJAMIN, 184.
LEVIS, R. J., *Clinic*, 534.
LYONS, J. E., 178, 391.

MAISCH, JOHN M., Prof., 201, 413.
MARIS, Dr., *Clinic*, 533.
MAURY, F. F., 81.
McEVOY, JAMES, 119.
McNIDER, V. ST. CLAIR, 105.
MILLS, CHARLES K., 58, 79, 118, 158, 366, 412, 483.
MITCHELL, S. WEIR, *Clinic*, 420, 443, 470, 509.
MOORE, R. L., 178.
MORROW, J. L., 554.
MORSE, EDWARD S., Prof., 221.
MURRELL, T. E., 269.

NOWLIN, J. H., 418.
NYE, H., 268.

ORMISTON, Dr., *Clinic*, 536.
OTT, ISAAC, 442.

PACKARD, JOHN H., 40.
PARISH, W. H., 530, 549.
PEABODY, JAMES H., 206.
PIKE, CHARLES C., 242.
PIRNAT, JOHN, 197.
POLLOCK, CALVIN, 532.
PROEGLER, CARL, 99.
PUTNEY, W. R., 100.

RHOADES, SUMNER, 481.
ROBERTS, JOHN B., *Translation*, 185, 362, 382, 447, 473; *Report*, 534.

SAYRE, LEWIS A., 305; *Clinic*, 379, 400, 489.
SCHELL, H. S., 101, 204, 330, 393.
SCHUYLER, C. C., 488.
SCOTT, ISAAC, 19.
SCOTT, H. V., 347.
SHIMONEK, F., 162.
SHOEMAKER, J. V., 67.
SIGWORTH, M. P., 198.
SIMS, J. MARION, 41.
STEVENS, EDWARD B., 19.
SUTTON, R. STANSBURY, 349.
SWAYZE, GEORGE B. H., 121.

TAYLOR, ROBERT, 348.
THOMPSON, P. H., 163.
TODD, WILLIAM C., 164.
TURNBULL, LAURENCE, 137, 217, 243, 322, 527.

VANDERBECK, C. C., 104, 205, 369; *Report*, 420 443, 470, 509, 511, 533.
VAN HARLINGEN, ARTHUR, *Report*, 185.
VAN VRANKEN, G. D., 546.

WESTBROOK, B. T., *Report*, 67.
WIGHT, JARVIS S., *Clinic*, 67; *Lecture*, 371.
WILKINS, G. L., *Report*, 89, 270.
WILLIAMSON, JESSE, 65.
WOODBURY, FRANK, 461; *Report*, 493.
WOODSON, THOMAS M., 84.
WRIGHT, J. S., 351.

ZIEGLER, GEORGE J., 238.

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Original Department.

Communications.

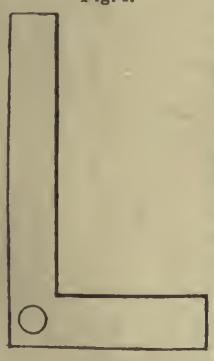
DEFORMITY FROM FRACTURES INVOLVING OR APPROXIMATING THE ELBOW JOINT.

BY OSCAR H. ALLIS, M.D.,

Surgeon to the Presbyterian Hospital, Philadelphia.

That deformity follows fractures in the vicinity of the elbow joint, is a matter of too frequent observation to require demonstration. The chief factor in producing it lies in the apparatus used, which displaces the fragments and holds them so until union is complete, when for the first time the malposition becomes apparent.

Fig. 1.



None of the splints as they come from the hands of the manufacturer are free from the charge alleged, but of all the splints, the one known as the *internal angular*, and depicted in Fig. 1, is the most mischievous.

My reasons for arraigning this splint will be readily understood by reference to the anatomical construction of the joint. The elbow joint is the best example of a hinge joint in the body, and as a true hinge joint, permits but a single motion, namely, that of flexion and extension. It matters not in what position the forearm is placed, the relation of the ulna to the humerus is a constant one. The anterior surface of the ulna can always be known from the anterior surface of the humerus, and though either surface of the hand can readily be turned to the anterior surface of the humerus, still the relation of the ulna to the latter is in no way disturbed. Its front still looks toward the front of the humerus.

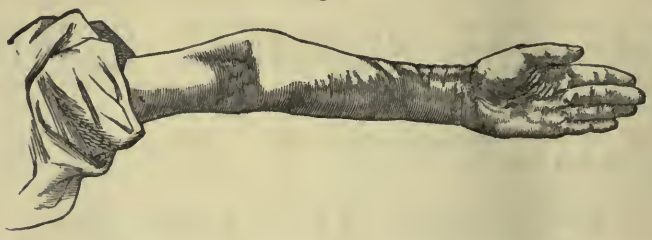
But while I have said that the relation of the two bones is a constant one, I do not thereby mean to state that they lie in the same plane. By reference to Fig. 2 it will be seen that a line, A B, drawn along the inner border of the humerus would fall about two inches below the extremity of the ulna, and that the bones join at an angle of about 175°. Now what would be the effect of a straight splint directed along the inner border of the humerus, upon the extended arm, in case of fracture of the inner condyle? Obviously that shown in Figs. 3 and 4*. And if a straight splint would do it, the result would be just as inevitable in the use of the *internal rectangular splint* (Fig. 1), for

Fig. 2.

* Fig. 4 is used by permission of Professor Gross, in whose work on Surgery it occurs. It accurately points out the defect as it occurs in the left arm, while, if the reader will glance at the right arm (Fig. 8), he will see another case, from life, with a similar deformity.

Fig. 3.

Fig. 4.



its two arms lie in the same plane, while under no circumstances can the humerus and ulna be said to lie in the same plane, but join at an angle, as already stated.

Fig. 5.

In fracture of the humerus just above the condyles; in fracture of either or both condyles; in fracture of the olecranon process, or in the upper third of the ulna, this splint would produce deformity, and as this would greatly abridge its sphere of usefulness, it would be well for the patient and a credit to the profession if it were wholly discarded.

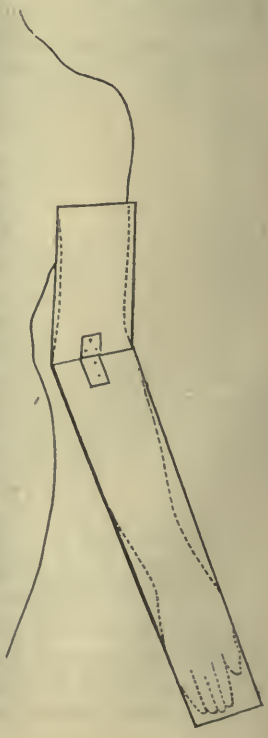
The defect pointed out in the *internal angular* splint holds good in all the angular splints, whether anterior or posterior, provided the two arms of the splint lie in the same plane. The deformity that a straight anterior splint would produce is obvious from a glance at figure 5. In this case the bandage applied the whole length of the splint would draw the *yielding* internal prominence of the limb to the firm and *unyielding* splint, and thus change the outline of the limb. Yet, obvious as this is, the result is none the less inevitable from an anterior angular splint whose arms lie in the same plane.

The posterior angular splint is open to the ame objection theoretically, though practically it is safer. It is usually large and roomy, and employed rather as a rest or trough to the arm than as a splint, and hence can be far more safely used.

Fig. 6.

There is a splint that recognizes this anatomical peculiarity, and in this respect is worthy of commendation. This splint, figure 6, is so arranged that it can be adjusted to either arm, and is the best splint that I am acquainted with. Yet this falls far short of a perfect splint, and hence I cannot recommend it.

Fig. 7.



To have a *perfect wooden splint*, one should take the angle of the sound limb as his guide in its manufacture. If it be made *with a hinge*, it can be applied with the arm extended, as in this position one can the more advantageously compare the two limbs. A few strips of adhesive plaster may be sufficient to secure it to the forearm and arm, and then bending the arm to the angle most desirable or convenient, the

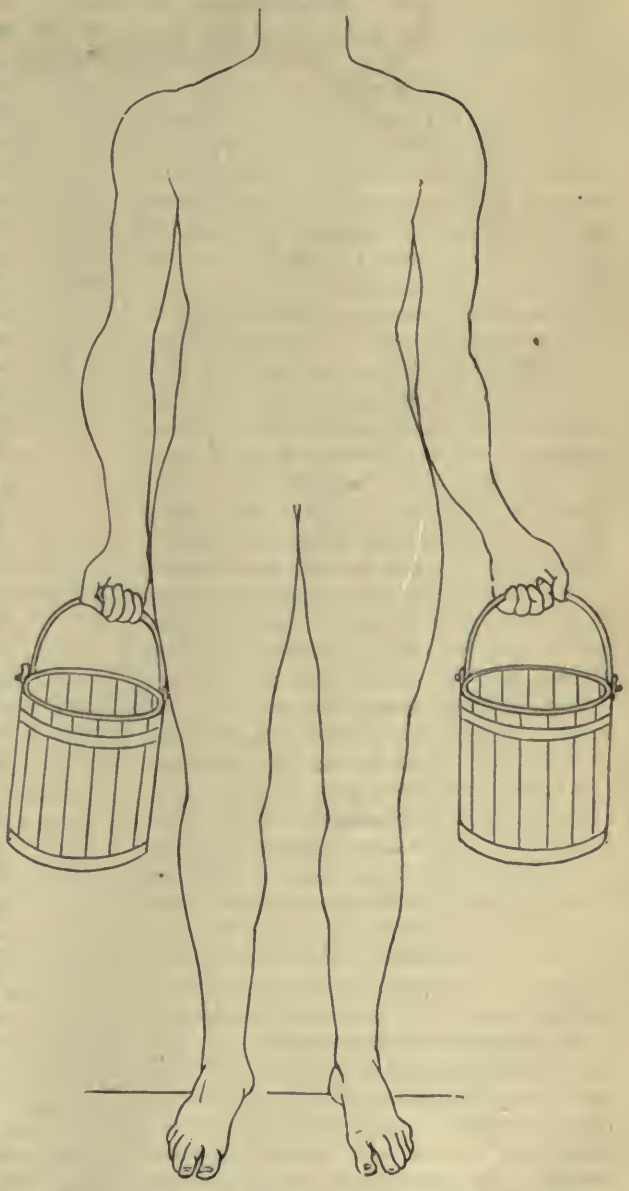
dressing may be completed and the forearm put in a sling. Such a dressing will not produce deformity, and will permit of motion at the proper time, without removing the splint. In the use of the anterior angular splint the thumb should look *forward, not upward.*

I do not know of any splint that possesses the combined advantages of the felt splint in injuries of this particular joint. By first dipping the felt in hot water it can be made as pliable as paper, and thus be moulded and adapted to the natural contour of the limb. It soon hardens, and then becomes a support and protection to the part; a security against displacement; and if properly applied a guaranty to a good result. With the felt material it is not a matter of importance whether it be adapted to the anterior, posterior, or lateral aspects of the limb, since it is applied in a soft, yielding condition, and obviously incapable of displacing the parts; while the wooden splint, incapable of accommodating itself to the part, will, with the applied bandage, gradually draw the fractured part to it, and yield the sad and unlooked-for result depicted in Figure 8, right arm, a condition in no degree an exaggeration.

It may be of some interest to note the angle at which nature has joined the bones of the arm. While we are to suppose it to be the most perfect and beautiful, yet to the laboring man it is a matter of great practical importance. By taking advantage of this angle, which he instinctively does (see left arm), he is enabled to rest the internal condyle of the humerus upon the brim of the pelvis, and thus carry a bucket of water freely from his legs, and that, too, with the least expenditure of muscular force; while with this angle effaced (see right arm—taken from life) the weight must either be removed from the body by great *muscular effort of the deltoid*, or offer an almost insuperable obstacle to locomotion.

In my own cases I never use splints, but always extemporize a dressing. In fracture of the condyles in children, I usually employ adhesive plaster. I cut the strips about two inches wide and eight or ten inches long, and placing the arm in an *easy extended* position, I incase the limb from a few inches below the shoulder to the wrist, taking care that each piece overlaps the preceding one. Over this layer of plaster I place another, and about the joint

Fig. 8.



I sometimes add a few pieces of binders' board, which I apply after dipping in hot water.

Certain advantages may be ascribed to the dressing of adhesive plaster, especially in children: 1. It sticks to the limb without compressing it. 2. It allows the child to bend its arm slightly, if it desires to do so. 3. By each strip overlapping its fellow, it becomes a complete encasement, at once light, flexible and adherent.

Should a starch dressing be used (or the white of eggs and flour) both of which make an admirable dressing, the same precaution taken in using the adhesive plaster should be followed, viz., to apply it on strips of muslin about two inches wide and eight or ten long, *and under no circumstances to employ a continuous bandage.*

Having dressed the arm, I am most emphatic to the parents, "If the child has pain, remove the dressing, or bring it immediately back to me." I have had such agreeable results from the dressing of adhesive plaster that I no longer apprehend trouble. I invariably see the child the second day, and often relieve a little pressure at the wrist, and after a few days, finding that the child plays around, and does not complain of pain, I pay little more attention to it, until I remove it, which has been in the *fourth* or *fifth* week; and though the child has worn this dressing five weeks, I have not found a single case where there has been excoriation from its use. In seven cases of fracture of the condyle the arm has been kept extended, and no passive motion employed, during the entire cure, and in only two of the number was the dressing changed once, and this because it had become loose. Such a course seems certainly at variance with established practice, which is, first, to place the arm at nearly a right angle, so that if there is anchylosis, the arm will be in the most useful position; and second, to remove the dressing frequently, and institute early passive motion, with a view to avert so untoward a result.

The reasons why I have dressed seven cases with the arm extended and without passive motion, leaving them undisturbed during the entire cure, are:—first, I wished to test the danger of anchylosis, which I have never dreaded, and which, I am persuaded, is greatly over-estimated; and second, I was persuaded that, in this position, I should get the best possible results; and in this respect I have secured all one could wish—I have seven cases of fracture of the condyle in which it would require careful examination to tell which arm had been injured.

Of course, if there were indications for removing the dressing, I should promptly do so. But the fact that the child does not complain, and begins to use his arm in play, is the most positive indication of an early return to soundness, while the early persistent moving the arm, to prevent anchylosis, is the most direct way to produce it.

One word in regard to the use of the manufactured splints—anterior and posterior. Their use should be to *prevent* motion at the joint rather than to *set* the fragments. Hence, when they are used, let them be secured to the arm as loosely as possible, so that the angle already alluded to should not be effaced. Indeed, I have heard surgeons of great experience assert that they would prefer, in case their own arms were fractured at the elbow, to trust it entirely to a sling bandage, having seen the sad and too frequent deformities from wooden splints.

1328 *Spruce street, Philadelphia, June 7th.*

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Dr. Busey's Address.

He adverted to the maxim, "Meddlesome midwifery is bad," as interfering with the usefulness of the obstetrician. Goodell on "Head Last Labors," utilizing the power by traction on the head of the child, was regarded as a move in the right direction.

Parry's employment of the hand to flex the head when partially extended, so transforming occipito-posterior into occipito-anterior positions, and to change presentations of the face with the chin behind into those of the vertex with the occiput in front, was doubtless more easily demonstrated than performed, but was of value.

Penrose suggests a method of hastening delivery in mento-anterior positions of the face by establishing a force of artificial resistance to the posterior cheek of the fœtus, whereby rotation of the chin is promoted.

Dr. G. Johnston's successful application of the forceps to cases of undilated but dilatable os is a negation of the traditional canon. He adapts such interference to cases of early rupture of the sac of waters; to cases where the sac is entire and the head has descended without the intervention of the waters; to cases complicated with prolapse of the funis, and to partial placenta prævia. The dilatation should at least reach two-fifths, but is an encouraging

resource whether the head is above or within the brim, or has descended into the cavity.

Duncan insists that the pendulum movement of the forceps should be discarded.

Dr. Poullet has projected an apparatus, the "sericeps." It is of a seamless material, woven double. It is a transverse band, to be spread around the fetal head, its ends connected with silken cords laced through eyelets. These are loose when the band is being adjusted, and when drawn should close the transverse band around the cranial ovoid along its sub-occipito-malar side; four ribbons inserted along the entire inferior edge, and united at the other extremities, two by two, form handles by which traction is made. The apparatus is adjusted by three arms introduced between the womb and head, superposed one upon the other, in their sheaths, formed by the ribbons, and when carried up to the promontory are separated, the posterior remaining *in situ*, and the other two, by rotation, are carried along the sides of the head until they meet in front, above the arch of the pubis, when the cords are drawn, the arms removed, and extraction begun. If placed high enough, it grasps a zone of smaller diameter than the central, so that, the material being inelastic, the cranial ovoid must be drawn before it. Dr. Poullet claims that in cases requiring energetic traction, particularly in the superior strait, this diminishes the child mortality, and protects the mother's soft parts, and insists that it is superior to the forceps by its want of volume, its easy application, its ready adaptation to the maternal curves; the pliability of the ribbons preventing too great pressure of the soft parts; the absence of compression of the brain; it never slips; the increased range in rotation; its value in cases of decapitation.

However, the merit of this plan really belongs to an American. In 1851, Dr. John Evans, of Chicago, published an account of his "Obstetric Extractor" in the *Northwestern Medical and Surgical Journal.*

Poullet also proposes a windlass for aiding in extraction; for this he claims "true and uniformly sustained traction, by making the woman's pelvis the point of support; greater opportunity for traction in various directions; facility for application of force without restraining the movements and position of the lower limbs; obtaining support from the ischii without pain, or interfering with the use of the cords, or forceps, or delivery by the hand."

Perchloride of iron in post-partum hemorrhage has been proved of great value; but complete and persistent uterine contraction is the only assurance.

Transfusion of milk, by Dr. T. G. Thomas, has been successful. The elevation of temperature after transfusion has not yet been explained.

In puerperal medicine there has been steady progress. Puerperal convalescence is no longer a season of seclusion from light, air, and food.

Puerperal fever is still in discussion, and its cause by no means settled.

He then quotes the summary of Leopold's investigations "On the Absorbents," from *Archiv f. Gynækologie*, vol. vi, p. 1. Certainly the lymphatics play a prominent part in the pathology of puerperal diseases.

Puerperal eclampsia is yet involved, as to its pathology, in confusion. Albuminuria is present in about 90 per cent. of the cases; renal lesion is found in a large number of the fatal cases. But primiparal and plural pregnancies are more liable to convulsions. Perhaps the most important contribution to this study is the recognition of the febrile phenomena so universally associated with the convulsive seizures; the temperature is raised from the outset; remains so in the intervals, with a slight ascent at the moment of a convulsion; if death approaches, this continues to augment, but if the reverse obtains, it steadily falls. The value of remedies is determined by the modification of the temperature; the fever is the element of danger. Venesection, hence, does not seem to promise so much. Chloroform lowers body heat; chloral lessens heart action and lowers temperature; veratrum viride depresses the temperature, slows the heart, and diminishes blood pressure; digitalis and aconite act in a like manner; cold affusions, purgatives and nauseants lessen heat. In brief, the successful methods illustrate the principle of physiological antagonism of therapeutic agents to the febrile state. Evacuation of the womb diminishes temperature.

The various methods of preventive treatment owe their efficacy to their effect upon the blood and blood-vascular apparatus. As a rule, these are directed to nutrition, to supply the albumen lost—to relieve the hydræmia.

He then briefly alluded to the numerous suggestions and improvements in the branch of diseases of women and children.

Ovariotomy.

Dr. Dunlap, of Ohio, presented the subject of ovariotomy, with diversion of the pedicle, and obtaining a drainage below by the vagina. He passes a speculum into the vagina by the side of the uterus, plunges an instrument through and brings down the pedicle, and maintains it there. There is no dragging of the ovary and broad ligament out of its position. The great loss of life is from the pressure of fluids in the abdominal cavity, causing inflammation or septicæmia.

Dr. J. L. Atlee, Pa. If the clamp on the pedicle is brought up outside the abdomen, no drainage is required. Where you have a good atmosphere, and a moderately good constitution in your patient, there is little to fear from septicæmia. There are constitutions which break down under any shock. The less we meddle with the peritoneum the better. He first operated in 1843.

Dr. Dunlap. "I commenced two months after Dr. Atlee. I only use the drainage where we wound the peritoneum by tearing up the adhesions. As regards the uterine functions, I have again and again had patients to bear

children, and without trouble, after the operation."

Dr. Hodge, of Philadelphia, had operated but few times. Each case gets well in private practice. Not so fortunate is hospital practice. The greatest trouble is the atmosphere. He saw no need for a drainage tube, even where adhesions are numerous. In one case with numerous adhesions, requiring many ligatures, he applied the ligature, cut off both ends, and all did well. The drainage tube is a source of irritation, and also allows the air to pass in as the fluids pass out.

Dr. Atlee's preparatory treatment was to thoroughly cleanse the bowels with castor oil, and then barley or cold water, and then put the bowels in splints with McMunn's elixir; twenty to thirty drops the evening before the operation and early the next morning. He generally operated at 11. After, for two or three days, the patient lives on cold water.

Dr. Sims saw three deaths from hemorrhage, the pedicle being tied. He returned to the clamp, and now always used it. The objection to the clamp is that sloughing goes on beyond it. He detailed cases of success where failure seemed imminent.

Dr. Byford, of Illinois, did not use the clamp now, but the ligature, and had saved eight out of ten since. The ligature acted like a syphon. Drainage is very important, but should not be by a stiff tube, liable to hurt the patient.

Dr. Sell, of New York, alluded to the success of Wells, who always used the clamp Much depends on care in operating and the condition of the patient.

Dr. W. L. Atlee, Pa., preferred the clamp. Had used all other means, but preferred the clamp for the pedicle. Keith uses the hot iron, but Dr. Atlee could not be persuaded to it. Rare cases will not admit of the clamp, but a short pedicle is no objection to it. The virtue of the clamp is it places the dead tissues outside the cavity of the peritoneum. The management of intestinal adhesions is of importance. He had operated 347 times, over 200 times with the clamp, and he had yet to see sloughing beyond the clamp. About seventy per cent. recovered. The last seven all recovered. Below the clamp the pedicle recedes, granulation occurs, and thus the wound heals. Examinations made years after the operation showed the pedicle adherent to the internal surface of the wound. Adjourned.

SECOND DAY.

On the second day, R. A. Page, of Washington, described a new uterine supporter. This is for cases with hyperæsthesia of the vagina. It is a curved rubber rod, wrapped with fine cotton, so as to resemble a curved dumb-bell. If necessary, this may be medicated. It is kept over night in a solution of carbolic acid.

Dr. Byrne, of New York, exhibited a small battery for galvano-cautery operations, now on exhibition at the Centennial. He objected to a white heat for the cautery, as it is more liable to be followed by hemorrhage. He explained very fully its use for the removal of tumors, excising the cervix uteri, etc. He alluded to its use for the pedicle of an ovarian tumor. He had never used it for venereal warts. In the removal of hemorrhoids it rarely produces pain, and a suppository readily controls this. A vote of thanks was tendered Dr. Byrne for the exhibit.

Dr. Marcy showed a photograph of a girl of extraordinary development. Pubic hair began to grow at the ninth month. At the first month the mammary glands began to develop. She is precocious in intellect and wonderfully developed. There has been no menstruation, though the womb is well developed.

A delegate believed this development to be due to the parents, especially on the part of the mother.

Dr. Sell alluded to the "baby woman" in the museum in New York. She was three years old; menstruated at 18 months. The mammæ were largely developed. Still it was an innocent child. Adjourned.

THIRD DAY.

Dr. Burge, of New York, alluded to the use of veratrum viride in place of venesection. Though great depression was induced in each case, the patient quickly rallied.

Dr. Langley thought too much fear was shown in its use. Whisky generally causes rapid return of strength etc., when the veratrum has much depressed the patient.

Dr. Battey, of Georgia, said, in his State it is much used, not only in puerperal eclampsia, but generally. If the drug is good, four to five drops every two to three hours produces the effect. He regarded it as dangerous, and knew of one death from it.

A member had seen a case where a child took thirty drops in a dose and nearly died. Reaction soon occurred after the use of spirits. He had reduced the pulse from 130 to 60 in 24 hours very frequently, but rarely exceeded eight drops in four hours.

Dr. Battey was called to a case of puerperal fever, where the veratrum was given in three drops every three hours. He found great prostration and almost collapse. At his suggestion the veratrum was stopped, and in six hours the patient had rallied.

Dr. Fitch, of Illinois, used Norwood's tincture, and it never failed him. He used it in eclampsia, commencing with a minimum dose, increasing it drop by drop till the pulse falls; if it rise again, increase the dose. If there were a full, bounding pulse, he would first bleed.

Dr. Bennett, of Ohio, recalled the fact that eclampsia of child-bed may occur, both from hyperæmia and anæmia; each affects the brain; hence, the treatment must be different.

Dr. Greene, Michigan, had used hypodermics of morphia, one third of a grain, and the convulsions ceased within fifteen minutes. As to veratrum, he gave 3 to 5 drops every hour, and

as the pulse falls, cease it and give brandy and morphia.

Dr. Ohr, of Maryland, always bled in these cases. His practice was among a healthy mountain race of people. He seats the patient and bleeds until there are signs of returning consciousness; next deliver the patient. He had only one case of post-partum convulsions, and that was the result of ergot. Chloroform may be used to aid in delivery. He did not like veratrum viride. Other articles are safer and more reliable.

Dr. Jenks, of Michigan: as a rule post-partum convulsions recover with very little treatment; as a case approaches epilepsy, chloroform is all we need; as it approaches apoplexy the lancet is required. It is not right to wait for the tardy action of veratrum.

Dr. Kerr, of Pennsylvania: in my experience, as a rule, all cases get well. He preferred no claim for treatment, as all seemed equally useful.

Dr. Eshleman, of Philadelphia, had heard nothing of chloral and nothing of ether, in puerperal convulsions. He gave ether and chloroform, three parts to one part, whenever there was an irritable condition. He had used chloral with the best results. In plethora, he bled. In anæmia, he gave ether.

Dr. Peaslee, of New York, believed in the lancet, when we have taken all precaution, and yet eclampsia occurs; then bleeding is the remedy. Take blood until she pales, until she relaxes. But when albuminuria is present this will not do. Chloroform must be used, and deliver as rapidly as possible. He had never used veratrum viride. It was too slow. The question is whether blood should be continually sent to the head. Brain affections do not follow after bleeding.

Dr. Sims was called on, but had no experience for twenty-three years.

Dr. Ohr mentioned two post-partum cases, both relieved, as before, by bleeding, etc.

Dr. Goodrich, of Minnesota, related a case in which he bled and used elaterium with good results. Then gave her the tincture of iron, and all continued well. Another case showed similar symptoms, and the same treatment removed them, and no convulsions followed.

Dr. Jennings, of Arkansas, always bled. Lately, he also used the bromide of potassium with chloral, and never lost a case.

Dr. Fitch, of Illinois, alluded to meddlesome midwifery as mentioned in the president's paper, and asked what points he meant

Dr. Busey replied that it deterred many from acting.

Dr. Sims, on meddlesome midwifery, alluded to the fact that the want of action often causes bad results.

Dr. Jenks thought the use of persulphate of iron in hemorrhage a bad practice. The coagula cause septicæmia. Hemorrhage can be checked by following up the expulsion of the head, compelling the uterus to contract and so remain.

Dr. Larrabee, of Kentucky, alluded to the use of tincture of iodine as an injection into the uterus, and ergot injected into the arm, as very prompt. The latter acts in fifteen or twenty minutes.

Dr. Fitch, to prevent hemorrhage, gives a dose or two of ergot just before the delivery, when he has reason to expect this complication. This to secure firm contraction of the uterus. Also, he grasps the uterus, and squeezes it, to make it contract firmly.

Dr. Wilson had used iodine. A case had sudden hemorrhage after the ninth day. This was controlled by ice and ergot. The bleeding recurred, with immense loss. She became almost pulseless. The uterus would not remain contracted. He then used iodine; injected three or four drops, having first smeared the parts externally with starch, to prevent excoriation. He felt the instantaneous contraction of the uterus, and it never relaxed. This article is free from the objection to the persulphate of iron. It is an antiseptic. He had used it in several cases.

Dr. Sims said that in London several deaths had occurred after the injection of the iron. He related a case: The bleeding had gone to the extreme, so that transfusion was thought necessary, but the apparatus would not work. Dr. Sims then took a piece of whalebone, eighteen inches long, made a solution of persulphate of iron, wrapped the whalebone with cotton, saturated it with the iron solution, and passed it up about seven inches. It was an inch in diameter at the lower part, and as contraction did not ensue, the large part was passed up, and the hemorrhage at once stopped. Twelve hours after, the plug was removed. This is better than injecting, because you bring away all the clots, generally, with the plug.

He desired now to throw down the gauntlet to the Drs. Atlee, and would call up next year, for discussion, the subject of the clamp in ovariotomy.

The address was then referred for publication.

Dr. Garrish, of New York, alluded to the use of the ophthalmoscope when head symptoms occurred in pregnancy. He urged the use of fresh air in pregnancy. Adjourned.

THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The thirtieth annual meeting of this association met at the Continental Hotel in this city, on June 13.

The first session was called to order by Dr. Clement A. Walker, of the Boston Lunatic Asylum, who said that in the unexpected absence of the president, Dr. C. H. Nichols, it became his unwilling duty to open the meeting and to call upon the secretary, Dr. John Curwen, for the minutes of the last meeting. After these records of the Auburn meeting were read Dr. Kirkbride tendered to the association,

on behalf of the physicians and citizens of Philadelphia, a hearty welcome. This association was thirty-two years old, and the deliberations of these meetings had certainly done more for the insane than all other causes combined.

Dr. Kirkbride then stated that it was his painful duty to announce the sudden death of Dr. George Cook, of Brigham Hall, Canandaigua, N. Y. He was stabbed by a patient in the asylum on Monday night. On motion the president was requested to appoint a committee to take action on the matter, with Dr. Chapin, who had on that account gone to Canandaigua, as chairman.

Drs. Curwen, Kilbourne and Denney were appointed a committee to nominate delegates to the International Medical Congress in September.

Dr. Kirkbride offered a series of resolutions eulogistic of the life and character of the late Francis T. Stribbling, of the Western Asylum, of West Virginia.

The Chair then stated that it had been the custom of the Association to spend the early hours of the session in hearing reports of the treatment of the insane in different parts of the country. He would first call on Dr. Henry M. Harlan, of Maine.

This gentleman said that seclusion, the common wristlets, and the belt, were the only systems of restraint used. A place of amusement and a chapel had been found very advantageous, and concerts, readings, theatrical entertainments, etc., had proved very beneficial.

Dr. John W. Sawyer, of Rhode Island, said that but little change had been made in the systems of treatment in his State during the past year.

Dr. Henry W. Buel, of Connecticut, was called upon, and begged leave to retire in favor of Dr. Butler, a veteran superintendent.

Dr. Butler said he knew very little of the details of the new improvements, as he was not now in the field, but he understood that the management of the various asylums was giving very general satisfaction.

Dr. John P. Gray, of the State Lunatic Asylum, of Utica, New York, said that his State had given very liberally this year toward the continuance of the work for providing for the insane, and he had no doubt the appropriations would be continued from year to year, until at least 3200 could be provided for by the State.

Dr. C. F. Macdonald, of Brooklyn, made a few remarks in regard to the institutions of the city of New York. Referring to the City Asylum at Ward's Island, he said that many important changes had been made, among which was the removal of the warden, giving the physician supreme power, and the better regulation of the diet, which increased the expenditure for provisions, but equally reduced the cost of drugs and stimulants. The death rate had, by this system alone, been decreased fifty per cent.

Dr. Kirkbride said that the new hospital at Warren, Pa., was being rapidly constructed, and would accommodate six hundred patients when completed. No appropriation had been made for the accommodation of the criminal insane. A bill had been presented for the erection of a hospital in the southeastern part of the State, for the accommodation of Philadelphia and several adjoining counties, but Philadelphia alone required two complete hospitals.

Dr. Schultz said that the Danville Asylum had been increased for the accommodation of two hundred more.

Dr. Curwen referred to the hospital at Warren, saying that the whole foundation of the building was laid several years ago, and the laundry building had already been roofed in. It was proposed to put up a building entirely fire-proof, and this could be done at small expense, as the stone was quarried and brick manufactured on the premises. The movement for the Southeastern Hospital was made through a bill introduced into the Legislature, and an appropriation had been made for the purchase of a farm.

Dr. R. F. Baldwin, of Virginia, reported that at a meeting of the Board of Directors of the Asylum of Virginia, it was determined to ask for an appropriation of $80,000, to be divided between two institutions, and they were daily hoping to hear that they could draw on the State for the expense of constructing necessary additions.

Dr. T. B. Camden, of West Virginia, was happy to report that his State was now able to care for all the white insane of the State, and that before long the colored hospital would be finished.

Dr. Eugene Grissom, of North Carolina, promised that, before the close of the meeting, he would present the plans of a new hospital which was being erected in his State.

Dr. J. F. Fusor, of South Carolina, said they labored under the embarrassment of not being able to draw the money from the appropriations. He had still in his possession $6000 in warrants drawn on last year's appropriation. He had, however, made arrangements with parties in the Centennial City to get on credit all the supplies needed for four hundred inmates until next January, when the old warrants will have been turned into cash. A number of minor improvements had, however, been made, in spite of the difficulties under which they had labored, and he believed there was light ahead for the insane of South Carolina.

Dr. H. A. Buttolph, of New Jersey, said that the State would very soon be able to accommodate all the insane on her territory.

Dr. Thomas H. Green, of Georgia, said he was happy to state that no trouble had been experienced for want of means, though there was a painful want of room, as no additions had been made to the State Asylum since 1873, and there were always more applications than could be filled. At the last session of the Legislature the subject was generally discussed, and many suggestions were made, but nothing was done.

Dr. William M. Compton, of Mississippi, reported that since the war Mississippi had done more for her insane than any other Southern State. The State institution had been doubled in size, and the improvements fully paid for. It had been also provided by the Legislature that the physician could discriminate in the applications instead of taking them in regular order. By this means they could select acute and curable cases in preference to chronic and incurable ones.

Dr. D. R. Wallace, of Texas, reported that no urgent case had been denied admission into the State Asylum for the last thirty months, and yet the asylum accommodates but two hundred inmates. This could only be explained on the theory that the people of Texas were singularly free from this sad affliction. It had been estimated that the proportion of the insane in that State was only about one to 2500. The speaker referred to a number of instances of lunatics who were discharged from asylums unimproved and had been completely cured after their return home. He argued that patients could often be greatly benefited by visits to home and friends.

Dr. J. H. Callender, of Tennessee, had nothing of general interest to report from his State. The two new asylums had been abandoned, for want of money to carry out the projects, but still there was, however, a healthy public sentiment among the people.

Dr. Robert C. Chenault, of Kentucky, reported that the patients in his State were being well fed and well clothed, and when the Second and Central Asylums were finished there would be ample accommodations for white and colored insane.

Dr. C. C. Forbes, of the same State, spoke at some length on the new departure made by the Legislature in regard to the management of the insane asylums of the State. This, however, was but a relapse into a condition of things which had already been tried and found wanting, for it gave more than one half of the authority to the steward. He was happy to state that this law had again been changed, and the physician was given his original authority. The physician concluded with a touching reference to the death of Dr. Bryan.

Dr. W. S. Chipley, of the Cincinnati Sanitarium, spoke of the workings of the institution which he represented, saying that it had a capacity for one hundred patients, and now accommodated about fifty, the inmates being all of that class able to pay for their own maintenance.

SECOND DAY.

Dr. Charles H. Nichols, the president, having arrived from Washington, was conducted to the chair.

The hearing of reports from the various States was continued.

Dr. J. Welsh Jones, of Louisiana; Dr. W. H. Bunker, of the Longview Asylum, Carthage, Ohio; Dr. L. R. Lanfur, of Ohio; Dr. Alpheus Everts, of the Hospital for the Insane, Indianapolis, Ind.; and H. F. Carrell, of the Hospital at Jacksonville, Ill., all reported that the accommodations for the insane had been gradually enlarged and the methods of treatment improved.

Dr. Edwin A. Kilbourne, of the hospital at Elgin, Illinois, stated that though the buildings of this institution were completed in 1874, they were not all occupied, owing to a lack of an appropriation until a few months ago. The State Board of Public Charities, however, had aided them in every possible way.

Dr. Mercer, of the hospital at Anna, Illinois, reported that the institution which he represented had greatly increased its accommodations within the last year.

Dr. Walter Kimpster, of the Northern Hospital of Wisconsin, stated that there now remained but four hundred insane in his State to take care of, and he expected to report at the next meeting that every afflicted person in Wisconsin had been fully provided for.

Dr. Mark Ranney, of Iowa, stated that he represented one of the most rapidly growing populations in the country, and he was sorry to say that accommodations for the insane were not keeping pace with this increase. By a recent enactment in his State the medical superintendent was empowered to examine all letters written by the insane to their friends, and also the letters received, but at the same time the inmates were given the legal right to correspond under seal with a supervisory committee. The gentleman referred to the fire which recently occurred in his institution, and said that the building had a shingle roof, and the fire probably originated from sparks from the chimney, although it was possible that it might have been incendiary.

Dr. Albert Reynolds, of the hospital at Independence, Iowa, said that the State which he represented had been gradually increasing the accommodations for the insane. He had been making a study of a certain phase of the disease, and promised to have a paper ready for reading at the next meeting.

Dr. T. H. R. Smith, of Fulton, Missouri, reported that the State institutions had been getting along harmoniously, and it was hoped that the Legislature could be induced to appoint a commission to take full charge of the State unfortunates.

Dr. George C. Callett, of St. Joseph, Missouri, referred to the Lunatic Asylum, No. 1, of his State, saying that the location was perfect in every respect, except that there was some difficulty in obtaining a perfect water supply. This defect, however, would soon be remedied. The capacity of the building was 250, and 160 were present when he left. At the last session of the Legislature an appropriation for improving the heating apparatus was obtained, and this change had been found of great advantage.

Dr. F. G. Fuller, of Lincoln, Nebraska, said that in a population of 250,000 the State had less than 150 insane. The asylum was not full, and there were no applications.

Dr. J. T. Stevens, of the Provincial Asylum, St. John, New Brunswick, reported that this institution had a capacity of about 250. The population of the province was about 250,000, and it was estimated that it contained from six to seven hundred insane, a large proportion, which could only be accounted for on the theory that idiots, epileptic subjects, etc., were included in this estimate.

Dr. Daniel Clark, of the asylum at Toronto, Ontario, reported that the quaint and incurable insane had been removed from his institution to a new inebriate asylum, and he was, therefore, relieved from the care of a proportion of those formerly under his charge.

Dr. R. L. Parsons, of the City Asylum, Blackwell's Island, New York, reported that better food and clothing had been provided for the insane, and during the past year the dietary scale adopted had been found most effective in preventing the common diseases of the spring and summer. Steamboat excursions, carriage rides, etc., had been given once a week, and relaxations of all kinds were, within reasonable limits, encouraged The average cost of the maintenance of patients, including food, clothing, salaries, wages, etc., was but twenty-three cents each day.

Dr. W. Black, of the Eastern Asylum of Virginia, reported that the institution would be entirely finished in a few months.

Dr. Mead, of Boston, Massachusetts, spoke of the improvements made in the institution over which he presides, and then Hon. J. W. Langmuir, inspector of asylums of the Province of Ontario, gave a brief account of the work of the government in Ontario, Canada, showing that great progress had been made in that direction during the past few years. There were fourteen large institutions of various kinds under the control of the government, and forty-eight over which the government had a supervisory control.

Rev. Mr. Kerr and Mr. Talbot, of Minnesota, both spoke of the success of the asylum in Minnesota, and both characterized it as in every respect a model institution.

Dr. Kirkbride called upon the president for some information respecting the insane in the District of Columbia and the army and navy. The Chair, however, retired for a moment in favor of Dr. Clement A. Walker, of Boston, Mass., who stated that new asylums were being constructed in different parts of the State, and old buildings were being remodeled. In the Boston Hospital, with which he was specially connected, there were about two hundred and fifty patients, and its population was kept near that point all the year round. There was no hesitation in Massachusetts in providing for the insane now living and for the probable increase within the next ten years.

Rev. Mr. Wides, of Illinois, a member of the Board of State Charities, was called upon, and made a brief address, in which he directed attention to the Cook County Insane Hospital, saying that though it was still below the grade, it was rapidly improving, and would soon rank with the best in the State. Provision had now been made for the accommodation of seven-twelfths of the insane population.

The president then arose, and speaking of the Government hospital at Washington, said that it had accommodations for 563 patients, but on the last day of May had 753, or only ten less than 200 beyond its capacity. It was proposed two years ago to increase the accommodations by erecting a separate department for female patients. This had the approval of such members of Congress who had given their attention to the scheme, but it was not probable that any appropriation could be obtained this year. These patients were derived from the army and navy; all living men in the Republic who have been honorably discharged and are indigent; the insane of the District of Columbia, and the insane of the merchant marine. In the District of Columbia were 16,000 people, and adding all the other sources, the population from which the insane of all classes are derived could be estimated at about 1,000,000. Medical men could easily conceive of the cause of the large amount of insanity in the army. In times of peace the army was largely recruited from men broken down in health and spirits, and often the victims of bad habits, and many of the best men suffered from home-sickness, which annually produces a great deal of insanity. This was the only general moral cause of insanity which could be found. The speaker next referred to the recent investigation into the management of the Government Hospital for the Insane at Washington, and said that as the report of the committee had not yet been made, he was not willing to go into details. He would say, however, that he felt much confidence of a favorable report from the majority, and hoped for a unanimous report in his favor. He had had charge of all the funds except that disbursed for land. He had made a list of fifty persons who were familiar with the manner in which the money had been expended, but the chairman of the committee refused to take any testimony on that point, because he did not consider that any serious charge had been made in regard to his integrity as a financial agent.

Dr. Isaac Ray read a paper on "The Criminal Responsibility of the Insane." The speaker was opposed to the law as generally practiced, and held that insanity, however slight, should be treated as a matter of fact, instead of a question of law, and that legislative enactment should decide that all prisoners proved to be mentally diseased should be regarded as irresponsible. This conclusion was arrived at after the most careful examination of the workings of insanity as illustrated by long experience, and the Doctor stated that though a prisoner might have appeared rational to many witnesses, he might, nevertheless, have been incapable of distinguishing right from wrong at the time a criminal act was committed.

THIRD DAY.

The Association continued the discussion of a paper read by Dr. John P. Gray, of the State Lunatic Asylum, at Utica, New York, on "Mental and Physical Symptoms in Cerebral Diseases, and their relations to insanity."

Dr. Mark Ranney, of the Hospital for the Insane, Mt. Pleasant, Iowa, said that softening of the brain is much less common than is popularly supposed. He described two cases of partial paralysis of the thigh and arm caused by brain softening.

Dr. Isaac Ray, of Philadelphia, said that the influence of Dr. Gray's paper would be valuable in directing attention to the study of a class of cases to which too little attention has been given, simply because the opportunity does not present itself so frequently in the asylums. The phrase "Softening of the Brain" is one of the most abused terms in our nomenclature. Softening is one of the rarest forms of cerebral disease. Any other lesion of the brain is more frequent. He approved generally of the therapeutics indicated by Dr. Gray, who disapproved of depletion even in those cases in which, forty years ago, bleeding would have been the first thing resorted to. In cases of threatened congestion he believed trouble could often be prevented by depletion, but the moment for its profitable use passed very soon.

Dr. Walter Kempster, of the North Wisconsin Hospital for the Insane, Oshkosh, Wisconsin, said that, in every case of softening in which he had made post-mortem examinations, he had found miliary aneurisms in the midst of the softened tissue, their usual size being about one forty-fifth of an inch in diameter.

Dr. Edwin A. Kilbourne, of the Hospital for the Insane, at Elgin, Illinois, said that embolic softening of the cerebral hemispheres might exist without impairing the mental activity.

Dr. A. E. MacDonald, of the City Asylum for the Insane, Ward's Island, New York, said that. on post mortem examinations he had found a great diversity of pathological appearances in cases where death had resulted after the same class of symptoms.

Dr. R. F. Baldwin, of the Western Lunatic Asylum, at Staunton, Virginia, described a post-mortem examination he had made in the case of a negro who received a blow on the head which he (the doctor) considered trifling. He was surprised to hear of the negro's death the morning after the blow, and on post-mortem examination he found the whole anterior cerebrum in a state of softening. A spicula of bone an inch and a half long protruded from the frontal bone directly into the brain substance. This was caused by the kick of a horse received a year before. He cited this to show how largely brain disease may exist without affecting the faculties.

The Committee on time and place of the next meeting reported in favor of St. Louis, Mo., the time to be the last Tuesday in May, 1877. The report was unanimously adopted.

Dr. Kirkbride introduced to the Association Miss D. L. Dix, who was received with applause.

The Committee to nominate delegates to the International Medical Congress, reported the following, who were unanimously elected:—

Dr. T. S. Kirkbride, of Philadelphia; Dr. Isaac Ray, of Philadelphia; Dr. John Curwen, of Harrisburg; Dr. C. A. Walker, of Boston, Massachusetts; Dr. Pliny Earle, of Northampton, Massachusetts; Dr. John P. Gray, of Utica, New York; Dr. D. Tilden Brown, of New York; Dr. H. A. Buttolph, of Morristown, New Jersey; Dr. Orpheus Evarts, of Indianapolis, Indiana; Dr. Charles H. Nichols, of Washington, D. C.; Dr. Walter Kempster, of Oshkosh, Wisconsin; Dr. C. N. Hughes, of St. Louis Mo; Dr. H. C. Carrell, of Jacksonville, Illinois; Dr. J. H. Callender, of Nashville, Tennessee; Dr. W. S. Chipley, of Cincinnati, Ohio; Dr. James Rodman, of Hopkinsville, Kentucky; Dr. Eugene Grissom, of Raleigh, North Carolina; Dr. C. K. Bartlett, of St. Peter, Minnesota; Dr. A. M. Shew, of Middletown, Connecticut; Dr. James R. Dewolf, of Halifax, Nova Scotia.

The discussion of Dr. Isaac Ray's paper, read on Wednesday evening, on "How Far Insanity Should be Received as an Excuse for Crime," was then taken up.

Dr. Kirkbride called attention to the great importance of the subject, and called for a free expression of opinion upon it.

Dr. John P. Gray, of the State Lunatic Asylum of Utica, New York, said that present experience shows that there is a far greater danger of the guilty escaping punishment by feigning insanity than of the insane being improperly punished.

The great desideratum, he said, is to get the expert witnesses nearer the court. In New York, when the accused pleads insanity as his entire excuse, the court appoints a commission of experts to discover whether the accused was insane when he committed the crime, and in no instance yet has the judgment of such a commission been overruled by the court. This he considered a far better plan than the examination of an expert witness before a jury. The commission he spoke of decides whether the accused is a fit person to be tried at all.

The judges are careful in the appointment of the commissioners, and they are required to submit a report embodying not only their opinion, but all the testimony taken before them, so that the opinion may be examined by the court in the light of the evidence. This plan, he said, did away with the disgrace to the profession, now so often seen, of the directly contradictory testimony of experts, caused by the same case being presented to two different expert witnesses in entirely different lights.

Dr. Richard Gundry, of the Southeast Hospital for the Insane, Athens, Ohio, said that offences are often committed by persons who are perfectly irresponsible at the time, although they have no disease of the brain.

Suppose a man has the gout, and in a paroxysm of the disease he assaults his attendant. That man is as free from responsibility as though he were the most confirmed lunatic alive.

Dr. W. S. Chipman, of the Cincinnati Sanitarium, said that from his observation one of the greatest evils connected with medical jurisprudence is, that persons are often called as experts who are not experts. As for hypothetical cases, he had always refused to answer in court any questions founded upon them, because what might be evidence of insanity in one person might not be in any degree so in another. He had always refused to answer questions that were not founded on actual facts, and he had always been sustained by the court.

Dr. A. E. McDonald, of the City Asylum for the Insane, at Ward's Island, New York, thought the Association should put itself on record in opposition to bringing insane persons before juries at all, inasmuch as the New York plan of a commission of experts had proved itself to be so much superior.

Dr. R. L. Parsons, of the City Lunatic Asylum at Blackwell's Island, New York, said that in the case of Scannel, in New York, the attorney for the defence made up a hypothetical case and presented it to the medical expert, who testified that it was undoubtedly a case of insanity. The district attorney then presented a hypothetical case to another expert, who testified that the person described manifested no signs of insanity.

Dr. Ray thought that the practice in Maine was better than the New York plan, of a commission of experts before trial. In Maine, if the accused pleads insanity as his only excuse, he is sent for a time to the insane hospital for purposes of observation.

Dr. Henry M. Harlon, of the Hospital for the Insane, Augusta, Maine, described the working of the law requiring accused persons in whose case the plea of insanity has been offered, to be placed in the Asylum of Observation. He said the law worked very well, except when any of the persons sent in for observation are found not to be insane, in which case they prove to be very troublesome, and the mingling of these sane criminals with the insane patients was a great evil. He had urged the establishment of another institution, where such persons could be sent for purposes of observation, and to which persons acquitted on the ground of insanity could be committed.

FOURTH DAY.

The meeting was called to order by the President, Dr. Nichols.

A letter was read from Dr. Wilkins, of California, who said that he hoped the Association would take hold of the Philadelphia Almshouse, so long overcrowded, and endeavor to prevail on the city to wipe out the disgrace of that miserable institution.

Dr. Isaac Ray stated that, though the management had succeeded wonderfully under the circumstances, he would like to suggest that, if there was any virtue in these conventions, now was an opportunity to show it. Judged by what was seen in other institutions, the manner in which the inmates of the Almshouse were cared for was simply disgraceful. The insane had been allowed to accumulate there (where they never should have been sent in the first place), and this had continued until the rooms and halls were so overcrowded that it was necessary to place three persons in each of the smallest rooms. When a violent patient was brought in late at night the only thing which could be done was to turn three patients out of one room and crowd them into an apartment with three others, in order to give the new and violent arrival a room to himself. This condition of things was purely the result of public parsimony. In one spurt of enthusiasm there had been an addition put up. Yet this was immediately filled, and in a storm of popular indignation Councils also erected a few shanties, which gave a little more room, but was utterly unsuitable for the purposes required. For the last three or four years the average cost of the maintenance of these inmates was only $1.80 a week each, and so long as jobbery ruled this would continue. There was no reason why the insane poor of the city of Philadelphia should not be provided for by the State, as well as the insane of Pittsburg.

Dr. Kirkbride concurred entirely with the view of Dr. Ray, but he hoped it would not be supposed that public attention was just being directed to this abuse. It was just a quarter of a century since efforts were first made to have the State provide for the Philadelphia insane, and when every project failed they concluded the only thing which could be done would be to let the matter go on from bad to worse until public indignation forced the application of the remedy suggested. Dr. Curwen moved the change of the reference of the letter from the Committee on Business to the Committee on Rules.

The next day Dr. C. H. Nichols was in the chair. After miscellaneous business the meeting adjourned to St. Louis, the last Tuesday in May, 1877.

Intemperance and Insanity.

In corroboration of some remarks we made on the relation of alcoholism and insanity some weeks ago, we add the following remark from the last Report of Dr. Clouston, Superintendent of the Edinburgh Royal Lunatic Asylum. After submitting his annual statistics, he then proceeds to analyze the causes that have produced the insanity in the 310 cases admitted during the year. "Glancing over the summary of assigned causes, it is at once seen that intemperance stands out as by far the most frequent. It alone caused 48 of the 257, or about 20 per cent., in which the cause was known."

Editorial Department.

Periscope.

Salicin and Salicylic Acid in Rheumatism.

The remedy of the hour in rheumatism is *salicylic acid*. Though now obtained by chemical synthesis, it exists in salicin, an alkaloid much employed by Southern surgeons during the war, in lieu of quinine.

On their comparative merits Dr. Maclagan says, in the *British Medical Journal*:—

As I am probably the only person who has experience of both salicin and salicylic acid in the treatment of acute rheumatism, perhaps I may be allowed space for a few remarks on the merits of these two remedies.

Which is the better remedy, salicin or salicylic acid? That each exercises a marvelous influence in cutting short an attack of acute rheumatism there can be no doubt. I have used salicin or salicylic acid in every case of acute rheumatism which has come under my care since November, 1874 (a year and a half), and invariably with the same result—a rapid cure of the disease. Seeing a patient suffering from acute rheumatism, I have no hesitation in assuring him that within forty-eight hours, possibly within twenty-four, he will be free from pain. That is a very different tale from any that can be told in connection with any other remedy.

Salicin is the remedy which I used first, but I have not confined myself to it. When salicylic acid was first recommended as a febrifuge, I determined to give it a trial in acute rheumatism. In the first case in which I used it, ten grains were ordered every two hours. On seeing the patient after four doses had been taken, the general condition was a little better, but she complained much of the medicine "burning her throat." I urged her to continue it. This she did, and on the following morning the pain was less, and the temperature had fallen from 102.3 to 101.1; but to the burning sensation in the throat was now added sickness. I omitted the salicylic acid, and gave the same dose of salicin, ten grains every two hours. The sickness ceased; the burning sensation in the throat disappeared; and by the following day the pain was entirely gone from the joints, and the temperature had fallen to 98.8. She made a good recovery.

This case well exemplifies what is the chief objection to salicylic acid—its tendency to produce irritation of the throat and stomach. I may have been unfortunate in my experience, but in every case in which I have given it this irritation has been complained of. All writers on the subject agree in referring to this irritation as one of its unpleasant effects. The salicylate of soda seems to give rise to the same disagreeable symptom. Salicin, on the other hand, never gives rise to any unpleasant effects. I have prescribed it within the last year and a half in many different ailments, in doses ranging from five to thirty grains. I am probably within the mark when I say that I have thus given it to at least a hundred different people, and I cannot recall a single instance in which any disagreeable effect was produced.

I have myself taken (by way of experiment) three doses of sixty grains—one in the forenoon, one in the afternoon, and one at night—without experiencing the least discomfort; but the smallest pinch of salicylic acid produces in me a feeling of heat and irritation in the throat, while a dose of ten grains gives rise to gastric irritation and a most unpleasant burning sensation in the fauces.

Salicin is a pleasant bitter, and is best given mixed with a little water, flavored with syrup of orange if desired. In adequate dose, say fifteen grains every two hours, it cuts short an attack of rheumatic fever, without producing disagreeable effects. It should be continued in smaller doses during the first fortnight of convalescence.

As remedial agents in acute rheumatism, salicin and salicylic acid seem to be equally efficacious; but the former has the advantage of producing no unpleasant effects. In time, too, it is sure to be much cheaper, a matter of some importance with a large class of sufferers from rheumatism.

On Torsion and Ligature.

A Paris correspondent of an English contemporary states that at a clinical lecture at the Lariboisière Hospital, M. Tillaux pointed out the advantages of torsion over the ligature of arteries, and all the other means employed for arresting hemorrhage after the great operations. M. Tillaux stated that up till now torsion had been applied by other surgeons to only small arteries, but he has also applied it to the larger arteries, and, after having practiced this method for the last five years, he has come to the following conclusions:—1. Torsion is applicable to all arteries, and particularly to the larger ones. 2. A single pair of forceps is sufficient, and not two pairs, as employed in England and elsewhere. 3. The artery should be seized obliquely, and not longitudinally, and in such a manner that the three coats in their entire breadth should be included in the grip. 4. The torsion or twisting of the arteries should then be practiced until the portion seized becomes detached. 5. It is unnecessary to adopt measures to limit the extent of the torsion, as practiced by Amussat and the English surgeons, as the operation limits itself either to

the part seized or to one or two centimètres above it. 6. Torsion is applicable to atheromatous or inflamed arteries, as well as to arteries in a healthy condition. 7. Torsion favors union by the first intention, owing to the absence of a foreign body, as in the case of ligatures. 8. Like the ligature, torsion prevents primary hemorrhage. 9. Torsion acts more effectually than the ordinary ligature in preventing secondary hemorrhage. M. Tillaux asserts that ever since he began to employ torsion, in 1871, he has never had a single case of primary or secondary hemorrhage, and yet he has practiced it in about a hundred cases of capital operations.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Warm and Hot Water in Surgery." By Frederick E. Hyde, M. D., New York. This is a reprint from the Buffalo *Medical and Surgical Journal*, and sketches historically the uses of this agent from the Hippocratic era to the present. The methods of immersion, irrigation, and fomentation, are described by cases. The essay is no more than a compendium of the experiments of Prof. Hamilton with water-dressings, and is a convenient way of embalming his clinical experiences.

——Specimen Fasciculus of Catalogue of National Medical Library, at Washington, D. C. This is a sample of a catalogue, soon to be issued, of the books and periodicals making the Medical Section of the Library of Congress. The specimen is submitted for suggestions and critical amendments. The single alphabet system is used, and the classification by anatomy adopted. The titles, authors, and references are distinguished by various sizes and styles of type. The outline, here set, augurs the coming work to be an elaborate and convenient bibliography.

——Proceedings of the Medical Society of the County of Kings, vol. I, No. 3. An exhaustive syllabus of the physiological behavior and clinical therapeusis of Nitrite of Amyl, by Dr. Hutchins, marks this the most valuable member of the series. The paper is alarmingly bolstered by cases in point, not pirated, but honorably borrowed from every source.

——Auscultation of the Œsophagus. By Louis Elsberg, M. D. This tract notices the character and import of the "sound" in this method of diagnosis.

——Remarks on Urethral Stricture. By Fessenden N. Otis, M. D. These were offered before the British Medical Association, and are now published in pamphlet by the organ of the Society. The hobby of the author, that gleet presupposes stricture, is the onus of the observations; with which is given a description of a urethrometer devised by him.

——Introductory Lecture of Session 1875–76, of the Medical College of Evansville. The address of Professor G. B. Walker, published at the request of the class, is an objective narrative of the growth of the science, and a plea for a superior grade of literary culture in the profession.

BOOK NOTICES.

Spiritualism and Allied Causes and Conditions of Nervous Derangement. By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of New York, etc. Illustrated. New York, G. P. Putnam's Sons, 1876. Cloth, 8vo. pp. 366. Price $2.25.

The eminent writer, who in this volume gives us the amplifications of studies which he published some years ago, contributes in its chapters a series of telling arguments against the low forms of belief incredibly prevalent in this country and this generation. The dedication gives the key-note to his position:—

"I dedicate this book to all, few though they be, who are free from superstition."

It is no attack against religion, properly so-called; but it is an overt and powerful assault on that religion, whatever its name may be, "which seeks to bolster itself up by so-called supernatural phenomena, or by alleged miraculous interpositions of Deity in its behalf;" and as such we heartily applaud its spirit and welcome its appearance.

In the first chapter the author speaks of sensorial deceptions as the general foundations of superstitious belief. He also defines what he means by "mind." This, he says, for his present purposes, "may be regarded as a force, the result of nervous action." There are several

objections to this statement; principally, that it does not explain his own views. Does he mean that the force called mind is a transformation of what is known as nerve force? Does he intend to signify—as he must if this is his meaning—that without nervous action, mind and its expressions (phenomena) are not? If this is so, his position is indefensible on grounds of physiology, which shows us repeated instances of mental action where no nerve cells are present (see this journal vol. xxxiv p. 215), and still more so on grounds of biological philosophy, which correlates mind with motion, as the two inseparable factors of all phenomenal existence.

Passing to the study of the various deceptions which have given rise to existing superstitions, Dr. Hammond describes the magnetic or odic force of Reichenbach, the electrical girl, Angelique Cottin, the sleight of hand tricks of conjurors, and reaches the "mediums" of spiritualism. These, in all their various breeds, the physical, the sensitive, the speaking, the writing, the healing mediums, and whatever other nonsensical names they go by, are shown, by every sound test and by an invincible application of the principles of investigation, to be, all and each of them, members of the great categories of cheats or fools. Home, and Katie King, and their congeners, receive an unimpassioned consideration which their admirers ought to study.

The conditions of somnambulism and hypnotism next receive attention, both as they appear in man and the lower animals.

There is really much to whet scientific curiosity in these mental states, and of course plenty to feed a superstitious faith. But while Dr. Hammond acknowledges that a hen can be fixed immovably by causing her to stare at a chalked line, and thinks the serpent does exercise a fascination over its prey, he does not consent to credit the pretty story of St. Rosa of Lima, who called clouds of mosquitos to prayers every morning, but was never bitten by one of them.

The instances of fasting girls, Margaret Weiss, Sarah Jacobs, Ann Moore, and the others, are related. These, and the various hysteroid affections, ecstasy, catalepsy, hystero-epilepsy, spiritualistic epilepsy, occupy most of the remainder of the volume. New England witchcraft, Shaker whirlings, and the "jerks," and other seizures which characterize revival meetings, where there are "mighty outpourings of the Spirit," are placed in their true light, as debasing examples of bodily weakness and mental darkness.

Finally, "stigmatization" is explained, and bereft of all its claims to be anything else, where it is not a deliberate fraud, than the sad exhibition of a condition of mental alienation.

We hail with extreme gratification works of this kind. It is high time that medical men, whatever creed they profess, should declare that supernaturalism, in no matter what form it appears, is not only a deception, but a most hurtful one, to body and mind. A miracle can prove nothing, and never has proved anything. The religion which demands for its reception anything against the enlightened reason is a superstition only, and unworthy of its name. Reason alone is that which tells us of the order in things, and thus reveals to us the intelligence which disposed and arranged them; reason alone should be our guide and priest; that reason which, in the words of Cicero, taken by Dr. Hammond as the motto of his volume, is at once *lux, lumenque vitæ*—"The light and the eye of Life."

The Student's Guide to Dental Anatomy and Surgery. By Henry Sewill, M. R. C. S., etc. Philadelphia, Lindsay & Blakiston, 1876. 1 volume, 8vo, pp. 202. Price, cloth, $1.75.

This is intended to be a *very* elementary book. The author does go so far as to ask his reader to get an understanding of what the words "cell," "abscess" and "inflammation" mean from other works; but his requirements are very moderate. He aims to be free from technicalities; he is determined to write down to the greenest neophyte. Apparently, the qualifications for "business" in the dental specialty, as in medicine in general, must be marked down to the lowest figures, to suit the times.

Mr. Sewill, in his list of authors, does not include a single American name; yet the impression prevails here that to omit American authorities on this subject is to leave the plums out of the pie.

For the kind of book it is, Mr. Sewill's is not conspicuously bad; but it is a bad kind. Even from it, however, some useful hints can be gleaned, as, for example, on the propriety of extracting a tooth to allow sufficient spreading of the others. This is a good practice, though rarely followed.

THE

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PLANS FOR REGISTERING DISEASES.

The last (seventh) Report of the State Board of Health of Massachusetts contains a paper on a subject which we have several times urged upon the attention of the readers of this journal, to wit, the registration of prevalent diseases.

The death rate does not represent the actual state of the public health in any degree. This can only be accomplished by the publication of an official bulletin, declaring what acute diseases are present in a given section, and to what extent.

Were this done, it would act as a warning to people to avoid exposure, while it would prevent the alarm arising from exaggerated statements in times of epidemics. Acting as cautionary signals, these bulletins would enable the experienced epidemiologist both to forecast the "probabilities" of the public health, and to institute measures for its protection.

In England there has been more agitation on this subject than here. In a letter recently published, the members of the Association of Medical Officers of Health draw attention to the great necessity which exists for a system of registration of diseases, and especially of dangerous infectious diseases.

They state that it is with the dangerous infectious diseases they are most specially concerned, and they record their conviction that, until the reporting of cases of dangerous infectious disease is made compulsory, sanitary authorities will remain, as they now are, wholly unable to cope with outbreaks of epidemic disease.

In the great majority of cases it is only when a death has actually occurred from dangerous infectious disease that the sanitary authority is made aware of the presence of the disease in its district. In the meantime, valuable lives are endangered, epidemics gain a start upon those charged with the duty of suppressing them which can never be redeemed, and sanitary authorities toil in vain after outbreaks which they can never overtake.

How to get the registration accomplished is a more serious question. The English Health Associations are strongly of opinion that it should be made compulsory upon registered medical practitioners and householders to report all cases of dangerous infectious disease to the local sanitary authority, in order that the local executive may take such measures and give such advice as the exigencies of the case may require.

The Massachusetts Board propose to ask the coöperation of the best physicians in each locality, those at once most accomplished and most busy. In the latter part of 1874 one hundred and sixty-eight regular physicians were selected, and a letter mailed them, explaining the plan and its advantages. One hundred and fifteen responded affirmatively; subsequently the number was increased to one hundred and ninety-eight.

To each of these a form was sent, to be filled up each Saturday, containing the names of the following diseases: bronchitis, cholera infantum, cholera morbus, croup, diphtheria, diarrhœa, dysentery, influenza, measles, pneumonia, rheumatism, scarlatina, small-pox, typhoid fever, whooping cough. Two columns opposite these names bore the headings "mild," and "severe." When a disease was not prevalent, its name was crossed out; when prevalent, a cross was made opposite to it in one of the columns referred to.

This plan worked very well, and will be continued. It entails a minimum of labor on the physician, and when the results are obtained and digested, they serve as data to study the laws of epidemics, and thus reach the principles necessary for their prevention.

Notes and Comments.

Therapeutical Notes.

SALICYLIC MIXTURE IN DIPHTHERIA.

In the *Med. Cent. Zeitung*, April 26th, Dr. Tenholt reports very flattering success in diphtheria, with a mixture of salicylic acid and lime water, two to two hundred. The throat is touched or gargled frequently with this. In two or three days all his cases recovered.

RANCID OIL OF MAIZE IN SKIN DISEASES.

The *Centralblatt für Med. Wiss.*, April 29th, 1876, contains an article by Professor Lombroso, recommending the above oil as an application in chloasurata and eczemata.

On Salicin.

There is accumulating evidence for believing that salicin is a most efficient and unjustly neglected remedy. Dr. Maclagan, in the *Lancet*, and Dr. Senator, in the Berlin *Centralblatt*, speak of it as more desirable, in all respects, than salicylic acid, as an internal remedy in the treatment of acute rheumatism, typhus, parametritis, and febrile affections generally. Its anti-malarial powers have been long known, and the Confederate surgeons employed it largely during the war. It is cheap, being quoted, at present, at fifty cents an ounce. To reduce the temperature in fever, the dose should be about two scruples. It does not cause any of the unpleasant itching, headache, or gastric trouble that occasionally follows salicylic acid.

Dr. Pavesi, of Mortara, Italy, highly extols the following mixture as an efficient anti-zymotic, and believes it will supplant quinine:—

Common salt,	12 parts
Iron in powder,	5 parts

Mix and add

Muriatic acid,	5 parts
Salicin,	1 part.

He obtains a soluble, odorless crystalline substance, somewhat styptic and bitter to the taste, to which he gives the name *natrium muriaticum ferruginosum salicinatum*, a cheap and efficient tonic, anti-zymotic and febrifuge.

Treatment of Fissured and Ulcerated Nipples.

In the *Annales de Gynecologie*, Dr. Legroux advises the following treatment. Spread with a camel-hair brush a layer of elastic collodion around the nipple, in the radius of an inch or more; a piece of gold-beater's skin should then be placed over the nipple and collodion, taking care to make a few holes with a pin over the part of the gold-beater's skin which covers the nipple, so as to allow the milk to ooze through. No collodion should be spread on the nipple itself, as more pain might thereby be occasioned By the rapid evaporation of the ether, the collodion dries up and the gold-beater's skin adheres. The nipple is thus more or less pressed down by the latter, which, in drying, becomes tense. When the child is to be nursed, the end of the nipple should be wetted with a little water. The covering of gold-beater's skin becomes soft and supple, and allows the child to suck without distressing the mother.

Gelseminum as an Anti-Neuralgic.

We have before referred to the rapidly increasing use of *Gelseminum sempervirens*, especially for the relief of pain. Two years ago Dr. Spencer Thomson stated that, in accordance with his experience, the remedial power of the gelseminum is confined to those branches of the trifacial nerve supplying the upper and lower jaw, more particularly the latter, and more especially when in either jaw the pain is most directly referred to the teeth or alveoli. He can scarcely recall an instance of the above in which relief was not speedily and thoroughly given. The

usual expression of the patient has been, "It acted like a charm." In illustration he gave this case:—

"The housemaid of a friend, a retired medical man, came to him with a note from her master, stating that she had been suffering from agonizing pain, of what was thought to be toothache, for six-and-thirty hours. Nothing gave relief, and no dentist could be found to remove the only suspicious tooth. He sent her home with a bottle of gelseminum tincture, which he kept for home use, desiring that she should have twenty minims at once, and twenty more within two hours if not relieved. Her master sent him a note in which he stated that the patient had experienced immediate relief."

Dr. Thomson prescribes for an adult twenty minims of the tincture as a first dose, to be repeated any time after an hour and a half if relief is not given. He has rarely had to order a third dose, and he has never found any inconvenience from doses of this size.

To Check Colliquative Sweating.

The exhaustive sweats in surgical diseases and phthisis are entirely controlled, according to Dr. Thomas J. Dunott, of Harrisburg, Pa., by small hypodermic injections of atropia and sponging with hot vinegar. In a case in point, given in the Virginia *Medical Monthly*, he writes, of a case of osseous injury, he sweats profusely and constantly. To have ice pills and hypodermic injection of $\frac{1}{100}$ gr. atropiæ sulph.; also to be sponged with hot vinegar. This controlled the sweating, which was so profuse as to keep the bed clothing saturated whenever the atropia and sponging were omitted.

It is my belief that a very small dose of atropia, when combined with the hot vinegar application, will be most effective in controlling this exhausting discharge from the skin. Neither used alone would be successful; but my experience with atropia is limited to doses no larger than the one mentioned, $\frac{1}{100}$ gr.

Simulated Syphilis.

A case was reported at a recent session of the Medico-chirurgical Society of Edinburgh, by Dr. F. Cadell, of much interest, on account of the extreme difficulty in determining its syphilitic or non-syphilitic character. In June, 1875, three weeks after a suspicious connection, the patient, a healthy man, aged 33, noticed a small nodule on the prepuce, like a corn. Five weeks later, when first seen by Dr. Cadell, a small nodule, secreting a little pus, but not ulcerated, was seen on the preputial orifice. The lymphatic vessels of the dorsum of the penis were indurated, as also were the inguinal glands. By the tenth week, a second lump had formed in the line of the lymphatic vessels, which was itself as thick as a crow-quill. Free suppuration continued from the original aperture up till the fifth month of the disease, and the patient's health suffered from it. No syphilitic symptoms appeared, and now at the eighth month induration had nearly disappeared. Mr. Joseph Bell thought that cases like this one, accurately described and with exact dates, were the means by which the scientific study of syphilis and allied diseases could be prosecuted. Had this case been treated in an empirical fashion, by one who believed that mercury could prevent syphilitic symptoms, it would have been quoted as triumphant evidence on that point, whereas it was simple lymphatic inflammation.

The Coca Leaf.

Sir Robert Christison showed recently, before the Edinburgh Botanical Society, that diversity of opinion had existed among chroniclers and travelers in regard to the effects of coca upon those who chewed it; for, while most of them considered that it possessed wonderful powers of sustaining strength under prolonged fatigue, without food, some thought its use pernicious and dangerous, others, as not only innocuous, but beneficial to health. The annual consumption of the leaf, by the eight millions of people along the Cordilleras of the Andes who use it, is thirty millions of pounds. After giving a description of the coca plant, and the method of gathering and drying its leaves, Sir Robert gave an account of some experiments made upon some of his students and himself, in which he had found that it was both a preventive of fatigue and a restorative of strength after severe bodily exertion, and that it had no reactionary effect upon the system. In regard to the use of coca as a medicine, he advised no one to try it until something more was known about it, or, at least, not to make use of it without consulting a physician. He had succeeded in extracting a liquor from the leaf, as a more

satisfactory mode of administration than chewing the leaf; but he had not been able to ascertain whether this retained all the properties of the article. A similar *liqueur de coca* was to be had in Paris.

A Palatable Vehicle for Castor Oil.

A French pharmacist recommends the following as a pleasant way of taking castor oil:—

Mix ten grains of powdered tragacanth with two drachms and a half of water; upon this pour very slowly, drop by drop, half an ounce of castor oil, stirring constantly with the pestle. When the mixture is complete, add about three ounces of water, an ounce of syrup, and a few drops of laurel-water. In this manner a white emulsion is obtained, in which the taste of the castor oil is quite masked, and replaced by the perfume of the laurel-water.

Correspondence.

Bleeding in Eclampsia.

Ed. Med. and Surg. Reporter:—

I notice in the 3d of June number of the Medical and Surgical Reporter, an article on "Puerperal Eclampsia," by W. T. Chandler, M. D., of Campbellsville, Kentucky, in which he claims that bleeding has no effect in checking that disease. I think he did not carry the bleeding far enough. If he had taken forty-eight or sixty-four ounces of blood in place of sixteen (as his patient was moderately plethoric), I think he would have seen a very different effect from the bleeding

Some years ago I was called to see a lady affected with puerperal eclampsia. I found, on my arrival at her residence, that she had been for some hours laboring under convulsions. The child was undelivered, the os uteri rigid and not open more than the size of a half dollar. She was quite plethoric, the face was almost black, the pulse small and feeble. I at once opened a vein and let the blood flow freely, watching the pulse, which I found to rise and to become fuller as the blood continued to flow. I let it flow till a gallon wash-bowl was even full. I then found the os uteri relaxed, and soon was able to use the forceps and deliver the child, which was well and hearty. The patient after the bleeding had no return of the convulsions, and had a good getting up.

Case 2. I was called, about three years ago, to see a lady who had been confined, the convulsions coming on after the delivery of the child. I found her, on entering the house, in her thirty-first convulsion. The face was very dark, and after the convulsion was over she was comatose. She was moderately plethoric, the pulse full and strong. I at once opened a vein and took sixty-four ounces of blood from her. The convulsions did not return and the patient had a rapid convalescence.

I could mention a number of other instances in which free bleeding had fully as happy a result as in the foregoing cases.

I have never known a case of the kind mentioned injured by bleeding too much, but I have seen a number of cases do badly that were bled but little, or not at all.

I do not wish to be understood to urge bleeding to the exclusion of all other means, for I consider chloroform, chloral, bromide of potassium, cold to the head, purgatives, etc., as valuable aids, but without free bleeding these aids will frequently fail us. Isaac Scott, M. D.

Parkersburg, Va.

A National Inebriate Asylum.

Ed. Med. and Surg. Reporter:—

Perhaps one of the most remarkable features attending the use of these thermal waters is the immunity afforded to the appetite for alcohol and tobacco. It ought to be generally known to the profession of the country, as it is here, that Hot Springs is the easiest place to overcome the terrible slavery of these habits in the world. Quite a number of patients using these baths, and drinking freely of the hot water, for special diseases, as rheumatism, various cutaneous affections, etc., have told me that one *incidental* result has been the suspension, absolutely, of the alcoholic appetite. I have satisfied myself, therefore, from a variety of special and general observations, that the habit for either of these narcotics may be radically broken up by a persistent resort, for a few months, to these springs. Thus we have, in a crude way, a *reliable* asylum here for the inebriate, and as the Government has asserted its ownership of this property, and proposes to erect a national hopital for its soldiers, why not also erect a national asylum for inebriates? Respectfully,

Edward B. Stevens, M. D.

Hot Springs, Ark., May 18th, 1876.

News and Miscellany.

The International Medical Congress.

The Centennial Medical Commission of the International Medical Congress, to convene in this city, September 4th, next, have received numerous communications from eminent medical men abroad who expect to be present on the occasion. Invitations have been forwarded, through the proper diplomatic channels, to foreign governments, to appoint official representatives at the Congress, and favorable replies have been received. The *Transactions* will form a valuable body of original papers. Extra copies will be printed for sale to those not delegates. From every appearance, there will be a largely attended and successful meeting.

Resolutions Respecting Medical Education.

The following resolutions were offered at the last meeting of the Delaware county (Pa.) Medical Society, by Dr. Isaac N. Kerlin. They are of sufficient general interest for publication:—

Resolved, That any person applying to any member of this Society, to be entered as a student of medicine, shall be required to present to the Secretary a certificate or diploma, showing that he is a graduate of some college or university which has a legal right to confer the degree of B. A., or M. A.; or a similar attestation that he has graduated with honor from one of the high or normal schools of this or other States, or from a private seminary or academy, of equal or higher educational standing with the latter institutions.

Resolved, That in the absence of the aforementioned certificates of learning, a candidate for the study of medicine, within the jurisdiction of this Society, shall submit to an examination, to be conducted by the Censors of this Society, aided by a competent educator of their own choosing, the fee of the latter not to exceed the sum of —— dollars, which fee shall be paid by the candidate at the time of such examination, and only on said applicant having passed satisfactorily an examination not lower in grade than that demanded of a high-school graduate, shall he be eligible for admission as an office student of medicine.

Resolved, That all students of medicine in the offices of members of this Society be registered on the books of the Society, on the above credential having been examined and approved by the President and Secretary.

The Plague.

A cable dispatch, under date June 21, says:—Dr. E. D. Dickson, the physician to the British Embassy at Constantinople, writes to the *Times* from that city, under date of the 13th inst., as follows:—Undoubtedly the disease which is prevailing in Mesopotamia is the real plague. Since the beginning of June, with a rise of temperature to above 104 degrees, another characteristic of the plague has been exhibited in the rapidly diminished number of attacks and deaths. The scourge will doubtless cease entirely during the great heat of the summer. During the month of May the number of attacks at Bagdad was 2099, and the deaths 1222.

Births in Rochester.

The Rochester *Express* supplies the following:—"The registry of births has brought some curious and interesting facts to light. One girl, only fourteen years old, gave birth to a child since the registry was commenced in October last. Another girl, seventeen years old, who was residing in a house of ill-fame, gave birth to twins. In making returns the doctors or midwives who attend the mothers are required to give, not only the name of the mother, but the name of the father. Sometimes it becomes very difficult to give the latter, the children being illegitimate. Another mother is reported to have given birth, altogether, to nineteen children, this being the largest family on record in the city. One case was reported, by a midwife, of a woman who had reached the age of sixty-five years, who presented her husband with a child. There are numerous cases of women who have had eleven or twelve children. One woman, only thirty-one years of age, is reported as having a family of seven children.

Personal.

—Dr. John O. Stone, a distinguished practitioner of New York, died suddenly, June 6th, in the sixty-fifth year of his age. He was graduated in 1836, from the Medical School of Harvard College; visited Europe, and on his return was appointed surgeon to Bellevue Hospital.

—John Van Pelt Quackenbush, of Albany, died suddenly, June 8th, 1876, at the age of fifty-seven years. He had been suffering for some time with symptoms of Bright's kidney and aneurism of the arch of the aorta.

QUERIES AND REPLIES.

Enlarged Spleen.

"Can you or your readers inform me of an efficient remedy for the chronic enlargement of the spleen so common in malarial regions?" J. J., M. D.

Reply.—Hypodermic injections of ergot are strongly recommended by some. Dr. J. H. Miller, of Moberly, Mo., gives a case in the Cincinnati *Medical News*, May last, which yielded rapidly to this measure.

Dr. U. O. B. W., of Mass.—The aqueous extract of ergot is what was in the prescription as we found it.

Dr. A. P. G., of Minn., asks if the popular belief that lemonade should not be drank after taking calomel, has a rational basis.

MARRIAGES.

HUDSON—GIBBS.—By the Rev. E. J. Pratt, at First Presbyterian Church, Portsmouth, O., June 7, 1 P. M., John B. Hudson, of Washington C. H. O., and Miss Mary E., daughter of Dr. Gibbs, deceased.

SPENCE—HETTRICH.—On Wednesday evening, May 24, by Rev. H. W. Pohlmeyer, Dr. S. D. Spence, of St. Bernard, O., and Miss Pauline Hettrich, of this city.

TAYLOR—ROGERS.—At Sandy Hill, N. Y., May 24, at the residence of the bride's mother, by the Rev. Edward P. Johnson, Dr. James Taylor, of Cincinnati, O., and, Miss Susan A., daughter of the late Hon. Charles Rogers, of Sandy Hill.

VAN BUSKIRK—GRAY.—By Rev. A. S. Mulholland, June 1st, 1876, at the residence of the minister officiating, in Millersburg, O., A. E. Van Buskirk, M. D., of Monroeville, Ind., and Miss Mary J. Gray, near Millersburg, O.

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Original Department.

Lecture.

TREATMENT OF INDOLENT ULCERS.

BY GEORGE L. BEARDSLEY, A. M., M. D.

LECTURE III.

(*Continued from Vol.* XXXIV, *page* 284.)

Few can make issue with me that this kind is the most refractory. It not only resists change, but will often promise obedience and fairly commence repair, when, suddenly, the granulations collapse and wither, and the surface, which had begun to contract, soon has outskirts as free as before. The reason for these freaks is not so much the perverseness of the inflammation, nor any extraordinary acridity of the discharges, but a paucity or poverty of the blood. Long ere the ulcer announces its arrival, the tone of the economy is somehow degraded. Irritation can never, *per se*, breed a chronic ulcer. It wants the help of flabby fibre and poorly oxygenated blood. The sore, then, proves asthenia (*affaiblissement*), with a species of toxicohæmia.

The way to heal it is to interfere with the liberties of the noxious intruder, to make it abort. Mercury resolves this force very well, particularly when combined with iodine. To such a modifying influence on the blood, the use of chalybeates, to correct any inertia, is to be advised. Cod-liver oil pays good interest also. Its employment in these cases forced itself on me by virtue of its nutrient properties. Far am I from being a sanguine apostle of the faith that this oil acts as a solvent of deposits. In phthisis it is useful only because it supplants a loss of oil globules; and I have fancied some analogy between the disassimilation in tuberculosis and ulceration, so far as a proneness to waste is concerned. An indolent ulcer of two years' standing cicatrized in three weeks under the exclusive administration of the oil. Even when it fails to build up the wearied fibres, it seems to fortify the surrounding field against subsequent inroads, by supplying it with an extra amount of pabulum. It is, in a word, food, not medicine.

The diet is to be changed at the outset. Patients, especially the illiterate, bolt at believing that errors of living or the quality of food do much in provoking disorders of health. They are led, with no compunctions of good sense, to reason that a sore is as independent a lesion as a bruised eye; account for it as an accident; beg of you to confirm their version by swallowing, without hesitation, the history they have learned by heart; honestly repudiate the possibility of the blood as at fault; and stock confidence in some wash of Indian fame, or some salve stirred and blessed by an antediluvian dame. The sooner this superstition is scouted the better. Fermented liquors are first to be forbidden. Nine-tenths of ulcer cripples are whisky bibbers or pedestrian beer-tubs. To epicures or "high livers," a diet strictly vegetable and farinaceous is to be adapted. A change from animal to fish food is necessary, and all stimulants or condiments must be discontinued. The purpose, in brief, is to lessen the excess of fibrin, and to annihilate the gouty diathesis. The converse holds for the poor in body. Here we must add wealth to the blood. The problem, it must be confessed, is not easy. Sparse means face the

exigencies of most every case, and the cry of the tissues at the injustice done them goes unhushed. It is no marvel, then, that the crops of ulcers are the most exuberant with the laboring population. Yet some variation in diet can be planned. Fresh meat and fruits, with the cereal products, are within the reach of the purses of the majority, and store the blood in good degree with its appropriate funds.

The laws of cleanliness must be enforced. Indolent ulcers cohabit with the dirty classes. The skin is always diseased, either because charged with armies of acari or through absorption of foul exudations. Eczema and scorbutic rashes are firm friends to these sores. Soapsuds without stint will make the *real estate* shrink in value, while sulphur and alkaline baths will restore respectability to the degraded integument. The clothing is to be changed every day and disinfected.

In the topical treatment, there are three indications: (*a*) to keep the border from growing indurated, (*b*) to stimulate, (*c*) to support.

No ulcer can heal if its belt is thick or heavy with lymph. It is just this hard tissue that has none of the groundwork for cicatrization, and is to be removed. Poulticing was the old plan. Its success lay in its creating a slough, and then resort was had to stimulants. Blistering is advocated, after the same idea. All these agents, including nitric acid and Vienna paste, merely kill, do not arrest future effusions. A slough does no service, unless by its departure it relieves the tension of otherwise sound tissue; in this it generally fails. No better expedient offers than a free incision of the base and welt-like border. The gashes should be in parallel lines, and vary in number according to the size of the sore. Hot water, with liq. sodæ chlorin. (℥iij to Oj), should then flood the wound. If the tissue gives to the knife a sense of resistance, as in cutting parchment, excise all the parts, and essay to convert the ulcer into a wound. This done, one of two methods may follow. Expose the bleeding surface to currents of air from a bellows, or lay on lint soaked in ice-water; and as soon as the oozing has ceased, bring the edges into contact by adhesive strips, and cover with collodion, in the hope that the wound will heal by first intention. This procedure is confined to small ulcers. The other plan is to force cicatrization. This is attempted by lotions that are cleansing and stimulating. The policy is to instill into the lax tissue enough vigor to enable it to throw off a strong plasma, and is directed to ulcers whose territory is less circumscribed. The solutions of copper and zinc are in this respect profitable, and must be slightly caustic in their impression. No astringent effect is wanted, as it is not presumed that on a wound thus manufactured any surplus of secretion can show a need for repression. Tinct. capsici (℥j to aq. ℥j) fires the papillæ successfully. The Peru bals. is a ready agent. It is to be mixed with glycerine and dropped on oakum. Poured clear into the wound, it is not entertained as pleasantly, on account of its viscosity. Carbolic acid in ashes serves a double purpose. While they goad the granulations legitimately, they neutralize all traces of fetor.

If the knife is not allowed, through the bias of the party or from the proximity of the sore to vessels of size, the edges may be softened or made less callous by ointments. The glyceramyls are the neatest preparation. Cod-liver oil paste works graciously. My objection to all cerates is their rancidity. As found in shops, they are acid through fermentation. An unguent is supposed to possess the power of mollifying the raw tissue, and to restrain the laudable pus from evaporating. Hence they must be fresh, or compounded at the time ordered. As all samples are so unreliable, the animal oils are my choice. An excellent remedy to make the margin tender is iodine; painting with the tincture several times a week acts often as a specific. If the thickening is quite deep, the crystals, dissolved in glycerine, take hold better. The iodide of lead used in this way works a similar reform.

The last measure is electrolysis. To some it may appear that in advocating the pertinence of electrical currents to "old sores" I have been on a hunt for some novel dodge, and have gone mad with enthusiasm, like a few of my brethren, on the miraculous and unmeasured force conserved in this agent. I am not generous enough to believe that electricity can ever vindicate more than a sixth of the remedial coercion credited to it. It was solely an experiment that led me into the trick of trying such persuasions on indolent ulcers, and my skepticism has not been sustained by the trial. Electricity is to be recommended only in the first stage of the induration. When the borders become tough and puckered, it is useless.

After an acquaintance daily for two weeks with either current, the tissue will feel soft and take steps to contraction. An ulcer on the inner malleolus, which had turned against various forms of medication, succumbed to the sole presentation of electricity. Four other cases that were pensioners on my surgical beneficence for six to ten months recovered under the same auspices.

In the preceding remarks on the ways to abolish indurated margins, it was consented that the work of cicatrization could not go on so long as contraction was neglected. The fault may also be with the granulations. If these are insensible or ash-colored, or sprout so rapidly as to dangle from the base, they should be disturbed and a better crop favored. Granulations must be instructed to grow slowly, closely, and to secrete pus moderately. If all progressed thus, exudation cells would change without help to epithelial, the sore would shrink, and its investment blend with the marginal structures. The granulations, then, may be so weak as to need encouragement. Often they are suddenly absorbed, or form so late and tediously as to waste their strength in endeavors to grow. Stimulating dressings are then imperative. Wine of tar, decoction of pulsatilla, diluted alcohol and copper washes are the most serviceable. The "citrine ointment" or the nitric acid lotion answers by evasion of a trial of new pharmaceutical products. Iodoform works often as a specific on these sores. Dry lint should top the sore to keep the pus from drying, and to defend the sensibility of the granulations. If these soar too high or thicken ranks rapidly, we must thin and curb them. The question is, When? My rule leads me, just as soon as they overreach the borders, to level them to the same line. Nothing is gained by a savage cauterization. Nit. arg. is powerful enough. The entire area is to be penciled once in three days, and the cone is not to be plunged into the mass. The papillæ are to be just touched, as the mission of caustic is only to check temporarily any exuberance of exudation. It has evidently been the judgment of many that the redemption of a sore hung on a destruction of its means of repair. This is virtually what the violent service of nitric acid and the caustic compounds of potash, as defended, means. A solution of chlorate potassa has been prescribed, with numerous assurances of its happy working. The iodide, sulph., sulph. cadmium, and hyd. oxyd. rubrum have been similarly tested. Granulations, thus kindly dealt with, early lose all fungous eccentricities and become coated with the rudimentary pellicle. Finally, the logic of ulceration teaches a pressing need for supports. Bandaging and strapping are the kinds in use. The former has taken to itself the prefix of an art, and as such has been amplified in treatises on surgery. The latter is its offshoot, and is making a history, to be avenged by and by. The law for each makes pressure everywhere equal and moderate, to which may be appended that no traction on the margin is permissible. The more extensive a cicatrix, the greater the liability of its remaining sickly or bursting, and hence no stress must be put on the tissue in contiguity, any more than on the granulations. If bandages are preferred, they must be selected of flannel or calico, and starched and dried. The length for the leg is four yards. Strips wider than three inches are unwieldy. The limb must be washed, and dusted with prepared chalk before the roller is started; and when the bandages encircle joints, surfaces uneven or exposed to friction, cotton batting may be slipped under the circles. Begin at the medio-tarsal junction, and fasten the first ring; lead the second or lap it half an inch; carry the roller across the instep, making it return on the opposite half, at the same angle; proceed, describing the same belts up the leg, or to the sore. All the plaits must be wound smoothly, within two inches of the ulcer, where the strip may be fastened and cut. The roller is not to be applied like a compress, nor in a way to flatten or cord the limb, but so that each fold shall *lift up* the parts. To approximate the edges of the sore, pass a strip of the width of the ulcer, and an inch and a half longer than the circumference of the limb, at the site of the sore, and stick the free ends to a pencil or penholder; then relieve the stick until it lifts the bandage as tight as it can be drawn, and fasten the coil by adhesive strips. The patient is to be instructed to turn this piece every third day, or whenever the plait slackens. Rightly adjusted, the bandages need not be rearranged for a week, unless the limb rebels at its confinement, or the cloth becomes soiled by the discharges. Securely as a bandage may be applied at first, it loosens in a few days; the cloth gives, or the circles become deranged through exercise. These risks turned surgeons to a substitute, strapping. Experience proves it superior.

A limb thus bound has a no less pleasant sensation. Originally, they were made to draw the edges into coaptation, but this intention has been modified, and the entire limb is now strapped, since, with the majority of indolent ulcers, a venous stasis prevails which calls for reduction, and an infirmity of the vessels that makes them need some stay.

The plaster should be of one strip, a yard long, half an inch wide, and rolled. Fasten the free head to the inner side of the foot, back of the toes, and moistening the plaster with a sponge as it leaves the hand, pass it around the member spirally. Carry the circles as far as the ankle; finish by one turn around the heel. Start another roller up the limb, caring that the doloires ascend regularly, in connected lines, not lapping, with a steady pressure, as far as the ulcer, which is to be crossed until covered. Whenever a conference with the sore is necessary, remove only the sections of plaster that cap it, then dress it with separate slips. If the leg is strapped comfortably and firmly, the plasters may remain untouched for weeks. It is better that they should, as the tissues are at once relaxed on their removal, and a severe strain is inflicted on the tender sprouts of skin.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SECTION ON SURGERY AND ANATOMY.

DR. GARCELON, CHAIRMAN.

Dr. L. A. Sayre, of New York, read a paper* on Pott's disease, and exhibited an apparatus for suspending the patient, and also presented several cases thus treated. He urged that physicians, in place of sending such cases to specialists, should treat them themselves. His object was to show how easy it was for every one to treat these cases. In its early stages proper treatment will give prompt cure, without deformity. The constitutional treatment should be roast beef, beefsteak, mutton chop, and fresh air; relieve indigestion, if necessary. The paper was referred for publication.

Dr. Lee, of Philadelphia, said: We must treat cases of caries of the spine just as we do surgical cases; just as Dr. Sayre has done; like we treat a fractured limb. I have so long used other methods that I have got accustomed to them; but I should be wanting in duty to my patients if I did not put in practice this method, which has been so successful with Dr. Sayre. The difficulty is that these cases do not generally come under our care at an early day. They are believed to have worms, and are treated for worms, for a long time. Even physicians fail often to recognize the trouble.

One point, pain does not result by pressure over the carious spine. This is the general belief, and hence the failure to diagnose the disease. This I have insisted upon for years. Pressure, as Dr. Sayre says, relieves the pain. Professor J. K. Mitchell is entitled to the credit of first proposing a suspension apparatus to relieve these cases. But his idea fell into disuse. Dr. Mitchell's son suggested to me this plan, and I am now in the habit of using the suspension, by the occiput and chin, thus making extension of the spinal column.

Dr. Quimby, of New Jersey, thought it doubtful that all cases were the result of injuries. Why not the result of scrofula, etc.? He had not been able to detect, in a single instance, that an injury had been the cause.

Dr. Sayre replied that he had always taught that a very slight injury would cause a development of disease in a strumous child.

Dr. Dowell, of Texas, read a paper on hernia, from the *Transactions* of the State Medical Society of Texas, and detailed his method for its radical cure. Eighty cases in ninety-six were cured.

Dr. Martin, of Massachusetts, exhibited a splint for the treatment of Colles' fracture. He had succeeded with it in over forty cases, and had no deformity. The splint was that of Dr. Carr, of New Hampshire.

There have been very many splints contrived for the treatment of this injury, and although each acts partially, this alone answers every indication and obviates all deformity. None have treated the radius as a curved bone, but as though it were straight. After this splint is applied there should be no pain, unless from a severe strain of the wrist. Stiffness does not result, and at once the patient begins to use his knife and fork after the first week. It is simply treating the radius as a concave bone, and supplying the exact form of pad on which it should rest. The oblique cross-bar relieves the tendency to deformity on the radial side.

Dr.——, of Michigan: One of the great sources of trouble is the rupture of the annular ligament.

Dr. Martin showed how this could be met by the splint.

Dr. Sayre objected to the too early examination, as useless and dangerous; it risks nonunion.

Dr. Martin agreed with Dr. Sayre.

Dr. McClurg, Pa., did not regard this splint as necessary; he used Bond's splint, and had complete success. He examined at the end of three or four days, then at the end of three weeks. If nothing occurs, three visits only are required. He did not believe in readjusting splints constantly.

Dr. Dubois, of New York, had used, for this form of fracture, a shingle, laying a round stick obliquely on the end and fastening it with a band-

* We hope to present an abstract of this paper at an early day.

age, padding the splint to fill up the hollows as required. The indication is thus easily carried out.

On motion, Dr. Martin was requested to prepare his paper for the Committee of Publication. Adjourned.

SECOND DAY.

Dr. Easley, Texas, presented a truss from Dr. Ives, of New York. The improvement claimed is that the broad lever on the upper part of the pad retains it in position. Dr. Ives had used this in a number of cases with good results. It is called a "lever pad truss." The band is simply a piece of strong elastic. It is supposed that the flat lever, coming against the abdomen, will prevent it slipping.

Dr. Ives, New York, said that it was invented by a man who had double hernia; he had used many trusses, and all had failed; this relieved him. Dr. Ives had used it successfully in several instances.

Dr. Plummer, Illinois, introduced the subject of fractures of the femur. He alluded to the triple-inclined plane. He used it and got excellent results. When the patient is restless he always bandaged the thighs together. By this plane, the body can be placed at an angle of forty-five degrees, or less, and so with the thighs. The angle can be changed without changing the position of the parts. By this plan he believed shortening could be avoided.

Dr. Keller, Kentucky, thought the books and authorities wrong in saying that union could not be looked for in these fractures in the aged. He believed the cause was because of a wrong position and a want of fixation. He related cases of this fracture, some intra-capsular, where, by perfect apposition being obtained, a good result followed. The triple-inclined plane may be requisite in a fat, muscular patient. Therefore first carefully secure apposition, then fixation. He thought as much could be done by the position flat on the back, and the bandage coming up above the pelvis. He believed there should be as many complete recoveries in the old as in the young. He thought it a slur upon surgery to say otherwise.

Dr. A. Hewson, Philadelphia, who had been assigned to this hour to read a paper, gave way, that this discussion might go on.

Dr. Gray, of New York, had recently employed in a hospital, for the perineal band, two strips of adhesive plaster, extending longitudinally over the thigh and so fastened to the splint. It should be changed every fourth day. He had recently reduced a dislocation of the hip in a man sixty years of age, after a displacement of 271 days. He administered chloroform, and by manipulation, in one hour and a half, he succeeded, but not by rotating the limb outward, but inward. The position of the limb was perfect.

Dr. Keller said that the dressing of these fractures should be removed in four days, lest anchylosis occur, and this will require great care. Then it may remain.

Dr. Hewson, of Philadelphia, read a paper on Pirogoff's amputation, and showed several cases. On motion, it was referred for publication.

Dr. Quimby thought his own method preferable, especially in the young. He read a paper in 1869 on this plan. His was merely a modification of Plimson's method.

Dr. Post, of New York, had a case where in six weeks his patient walked. He made a curvilinear incision from one base to the other, and then separated the bones, describing his plan. He bore testimony to the value of Quimby's plan, and had seen excellent results. The great feature is that it leaves the anterior part intact. In older subjects, Symes' operation would be equally successfully.

Dr. Darby, of New York, liked this plan, and had seen cases where it had shown its value. He differed with Dr. Hewson as to the length of the cut toward the toes; it gives difficulty with the flaps. He would make this cut forward, curving, and then strip the flap back and saw through the articulation from before backward, rather than from behind forward.

Dr. Maclean, of Michigan: The difference between Symes' and Pirogoff's operations is essential. For diseases such as scrofulous disease of the ankle-joint, Pirogoff's is not best. If you leave any portion of the bone, the disease will return. But from injuries, this objection does not obtain, and a portion of the bone may be left. He had helped Symes repeatedly, and had seen the best results in Edinburgh. His directions are most explicit, to shave off only a very thin section of the articular surface. The accumulation of fluid in the stump is prevented by the most simple expedient, making a longitudinal slit, and introducing a tent. If there is complete union, no harm is done; if a drain is required, you have it. He believed Symes' operation for disease of the bones of the ankle is the only one.

Dr. Hewson agreed with this view. Pirogoff's cases were the result of injury, and those of Symes were cases of diseased bone.

Dr. Post said his plantar flap involved no dissection. His shortening was generally three-fourths of an inch.

Dr. James R. Wood, of New York, was much interested in this discussion. His favorite operation was that of Symes. He had performed all the others. We must often modify any operation according to the case, according to the accident or diseased condition. We must fashion the stump as best we can. There is constantly a fashion in surgery, and each prefers his own, and each gets good results. The Surgeon-in-chief of the Russian army assures me that he performs Pirogoff's, but generally prefers Symes' operation. The epiphysis should not be removed, as it checks the growth of the limb. He thought the results of Dr. Hewson were beautiful. We have now a better atmospheric influence for our cases than we had thirty years

ago. My friend closes everything. I keep everything open. For the last fifteen months I have not closed a stump or wound after an amputation. The results are published to the world. Recovery occurs without any difficulty. I use carbolic and salicylic acid. I make large flaps, as they shrink greatly. I prefer lateral skin flaps, and also save all the adipose tissue possible. Rarely see surgical fever. These stumps shown by Dr. Hewson are worth a visit to Philadelphia to see. Let us not follow fashions, but a rational course in all our operations.

Dr. Lee, Philadelphia, demonstrated the use of suspension in spinal affections. The patient uses it for ten minutes, increasing one or two a day, until it is used for half an hour twice a day. It is susceptible of a variety of applications, as attached to a chair. It is generally necessary to restrain the patient in its use, as he is at once conscious of comfort. In reply to a question, he said that in a direct line, acting on the spinal column, it has more effect than when it is distributed, as under the arms, etc. In many cases the disease is above the shoulders.

Dr. Holton, of Vermont, asked to what this especially applied. He alluded to the caution taught us of lifting a child by the head as a dangerous proceeding.

Dr. R. J. Levis, of Philadelphia, demonstrated a dressing adopted by him in the Pennsylvania Hospital; a fixed dressing, instead of the starch bandage or plaster-of-paris. It is ordinary glue. By adding oxide of zinc, it hardens with great rapidity. Any kind of texture may be used as the dressing, the glue giving permanency. He exhibited several dressings as used at the hospital for fractures of various kinds. The bandage is applied, then smeared with the glue and oxide of zinc. The white appearance is caused by it. If too much zinc is added, it makes the dressing brittle. This dressing is very inexpensive, and easy of application. The materials are always at hand. It hardens in a few hours. Any kind of texture will do as a basis for this dressing. He called attention to a new article of lint, cheaper than the ordinary English, eight cents a yard, fifty cents a pound. It is of different kinds and thicknesses. It is now much used in the Pennsylvania Hospital.

Dr. Hodge, of Philadelphia, protested against some remarks that had been made. We cannot always succeed without shortening in fracture of the femur. Complete fixation is best, but it cannot always be carried out. He said, without fear of contradiction, that tonic contraction will occur in a fractured limb; the muscles will contract, especially in oblique fractures of the thigh, unless there is fixed counter-extension. Buck's apparatus, of simple extension by elevation with the foot pad, avoids the use of the perineal band, and gives good results. Dr. N. R. Smith's splint gives as good results, but it requires more tact. I am surprised that Dr. Sayre has not used suspension in fractures, and thus free his patient from suffering, for thus we have the least possible pain. Allowing the patient to sit up or lie down at will, exposes the limb to contraction and union may not occur.

Dr. Sayre was pleased with the remarks of Dr. Hodge, because they were practical. He directed attention to Dr. N. R. Smith's angular splint, as it simply puts the limb in the precise position as on his triple inclined plane. The only advantage of the latter is that you can allow the patient to be out, and send him to St. Louis if you like, while Dr. Smith's splint will not allow a removal from one car to another. He believed union of the bone would occur in twelve to fourteen days as firmly as in a longer time, and then it may be examined daily. He believed fixation was possible. No extension is required after adjustment. It only excites reflex muscular action.

Dr. Post had visited the hospitals after the war, and found many fractures being treated by extension with pulley and weight, and others by Dr. Smith's suspension apparatus. He found this best in results. There was less shortening. He saw no necessity for suspension in young children, if they were comfortable.

After some further remarks on personal matters, the section adjourned.

THIRD DAY.

Dr. Sayre exhibited the application of the plaster-of-paris bandage to a boy with spinal disease. The father of the child, a physician, had first attempted the application, but failed, though it seemed useful to the boy. As soon as the apparatus was applied he got up and ran about. The doctor could not fix it; at first it was too tight, then too loose, hence he consulted Dr. Sayre.

Dr. Sayre thought the light netting he was about to use not so good as the flannel used by Dr. Levis yesterday in his exhibition. The cloth is soaked in water, and then, with the child suspended so that his feet are free from the ground, the bandage is rolled around him. First, however, measurement is made by a piece of flexible zinc, which accommodates itself to any curve. This is marked on paper, and after the child is suspended the zinc is applied again, and the change from suspension noted. We first begin with the waist, at the smallest part, winding it around snug and smooth, so as to completely encase the child from the pelvis to the thorax; strips of tin are inserted occasionally. Then apply the plaster, and as the plaster becomes set, let the boy lie down until it is thoroughly dry. Protect any projecting joints of bone with soft pads. To-morrow this boy will be playing as if nothing were the matter. In a month or two he might be again suspended, and get him a little straighter, and so repeated until perfectly well. Had he been suspended early, there would have been no deformity.

A fashionable young man with such a bandage on, attended a ball, but one would not have dreamed of his having it on. This is the best apparatus of all, and fully answers every

indication. With this, all other mechanical appliances are worse than useless. As the necessity arises by growth, etc., cut open the jacket and put on another.

Fractures of the femur was again brought up by a member from Illinois, who objected to the positive ground taken by Dr. Sayre, yesterday, that deformity should not occur. He urged the advantages of suspension and extension, and objected to fixed apparatus, as resulting in bed sores, etc. With the suspension apparatus, the patient can sit or lie, as he feels most comfortable; he can move from side to head, etc., use the bed-pan, or other apparatus. With fixation there are atrophy, compression of the vessels, want of nutrition of the parts. He alluded to the difficulty of measuring, showing how even experts differ in their measurements.

On motion of Dr. Quimby, of New Jersey, Dr. Thompson was appointed a committee of one, to report on the degree of inheritance in syphilis.

Dr. Quimby remarked upon the extraction of polypus from the uterus. Twist it and allow it to remain *in situ* a few days, so as to cause sloughing at the stump. He did this in one case, and on the fourth day brought away the mass. It was a fibrous polypus as large as a fœtal head. He tried this again and again, and each time succeeded. No hemorrhage results.

Dr. Dunlap, of Ohio, had also done this, but preferred the wire and the ecraseur, because the sloughing endangers the patient, and pyæmia may occur. The tumor might be so large as not to be susceptible of twisting.

Dr. Quimby—If it fills up the vagina, how can you feel around it with the finger?

Dr. Dunlap—Each case must be separately determined by the physician.

Dr. Atlee, of Lancaster—The vulsella will be a great aid in bringing away the ligatures, or in placing the wire. If you twist, never stop; keep on till you bring away the tumor, and thus avoid the danger of septicæmia. But sometimes the neck is too thick, and the ordinary instruments fail us. He related a case, in which the tumor was as large as an ordinary fœtal head. It seemed like a head just descended into the pelvis. Finding no room to work at it as usual, I applied the obstetric forceps, and succeeded in drawing it about half way out of the labia, and thus was enabled to get my fingers into the cavity of the uterus. It had a short pedicle about as thick as my wrist, say an inch and a half in diameter, and very firm in consistence. I threw the chain of the ecraseur around it; but while working at it, I rendered the instrument useless by bending it. My aid then drew it further down, and by the chain I cut it off and removed it. She rapidly recovered. Always in such cases, with the vulsella, the placental or obstetric forceps, draw down the tumor. There is no danger. But if you twist, and leave it there, then there is great danger of blood-poisoning.

Dr. McClurg detailed a similar case, which, having a slight pedicle, he twisted off.

Dr. Reyburn, of District of Columbia, agreed that it was better to at once remove the tumor, and dangerous to leave it.

Dr. Garcelon, of Maine, had united two catheters, and by passing the ligature around the tumor, had then drawn it tightly and strangulated the tumor.

Dr. Atlee, of Philadelphia, as a hemostatic in these operations, used the persulphate of iron. It is an antiseptic also. A fibroid will not produce hemorrhage unless subperitoneal. The fibroid is an imperfectly organized body, and derives its circulation from the hypertrophied mucous membrane and the large vessels which surround it. When the bleeding is profuse, pass the end of a bistoury into the cavity of the uterus, guided by the sound, and cut into the mucous membrane till you feel it grating like gristle in the tumor; not a drop of blood will follow five minutes after that. Most probably, after a while, the tumor will be driven out and the membrane will then come together and heal up.

The best thing against the formation of pus is the sulphurous acid. Have it in the atmosphere; fill the air of the room until a little irritation of the air passages results. It may also be inhaled, and thus make its way into the blood. As to twisting, if he could turn a pedicle three or four times, he would not leave off till the pedicle gave way. Small polypi he always treated thus. Intra-mural fibroids he never meddled with, unless they are doing mischief. Then we must interfere, as before mentioned. Incise the tumor; with the finger passed around, detach it from its covering and enucleate it, just like peeling an orange from its skin. Ergot will then aid in expelling it. The nail of the forefinger will cut through the membranes and aid in shelling it out.

Dr. Post—In the vascular forms the danger of hemorrhage is very great, and often will require the use of the tampon and styptics. He greatly feared septicæmia when any body was permitted to remain and break down within the uterine cavity. The condition of the patient is generally extremely favorable to absorption of any poison which may come in contact with the surfaces. For this reason, he would regard as very unjustifiable the idea of letting the dead polypus remain in the cavity. Adjourned.

PROCEEDINGS OF THE ASSOCIATION OF THE REPRESENTATIVES OF AMERICAN MEDICAL COLLEGES, HELD AT PHILADELPHIA, JUNE 2D AND 3D, 1876.

A convention of representatives of numerous medical colleges of the United States was held in the hall of the Jefferson Medical College, of Philadelphia, June 2d and 3d, 1876, in pursuance of the following call:—

LOUISVILLE, KY., May 15, 1876.

Following a general correspondence with the various medical colleges of the United States,

the undersigned issue this call for a convention, to be held in Philadelphia, on Friday, June 2d, 1876, four days in advance of the meeting of the American Medical Association. The object of the convention is to consider all matters relating to reform in medical college work.

That decided results may be reached, the faculty of each college is requested to send one or more delegates, clothed with *plenary* powers to determine final action on every question.

Should any college find it impracticable to send a representative, it is hoped that it will set forth fully by letter to the convention the views it may hold touching the suppression of existing evils and methods of practical improvement.

Officers of the following colleges have informally signified their hearty approval of the movement:—

Jefferson Medical College, College of Physicians and Surgeons, N. Y., Bellevue Hospital Medical College, Ohio Medical College, Miami Medical College, Rush Medical College, Detroit Medical College, Louisville Hospital Medical College, Medical Department of University of Louisville, St. Louis Medical College, Keokuk Medical College, Cleveland Medical College, Starling Medical College, Medical Department of Georgetown College, Medical Department of Columbian University, Long Island College Hospital, Medical Department of Syracuse University, Evansville Medical College, Indiana Medical College, Medical Department of University of Nashville, Atlanta Medical College, Mobile Medical College, Savannah Medical College, Augusta Medical College.

The convention will be called to order in the hall of the Jefferson Medical College at 11 o'clock A. M. on the day above named.

J. B. Biddle, M. D., Jefferson Medical College.
Wm. H. Mussey, M. D., Miami Medical Col.
John T. Hodgen, M. D., St. Louis Medical Col.
J. Adams Allen, M. D., Rush Medical Col.
W. T. Briggs, M. D., Medical Department University of Nashville.
J. M. Bodine, M. D., Medical Department University of Louisville.

At the hour named the following representatives assembled:—

Jefferson Medical College—Prof. J. B. Biddle and Prof. S. D. Gross.

Medical Department University of Pennsylvania—Prof. R. E. Rogers.

College Physicians and Surgeons of New York—Prof. Edward Curtis.

Medical Department University of Louisville—Prof. L. P. Yandell, Jr., and Prof. J. M. Bodine.

Hospital College of Medicine of Louisville—Prof. J. A. Larrabee and Prof. T. C. Wilson.

Long Island Hospital Medical College—Prof. J. H. Raymond.

Medical Department University of Iowa—Prof. E. Clapp.

College of Physicians and Surgeons Syracuse University—Prof. H. B. Wilbur and Prof. Van Dyne.

Chicago Medical College—Prof. L. Curtis.

Medical Department University of Georgia—Prof. E. Geddings.

Indiana Medical College—Prof. T. B. Harvey and Prof. L. D. Waterman.

Medical Department University of Wooster—Prof. W. J. Scott.

Cleveland Medical College—Prof. J. H. Bennett and Prof. Heims.

Detroit Medical College—Prof. E. W. Jenks and Prof. L. Connor.

Starling Medical College—Prof. S. Loving.

Medical Department University of Vermont—Prof. H. D. Holton.

St. Louis Medical College—Prof. J. L. B. Alleyne.

Atlanta Medical College—Prof. W. F. Westmoreland.

Medical Department University of Nashville—Prof. W. T. Briggs.

Medical Department Vanderbilt University—Prof. T. A. Atchison.

Missouri Medical College—Prof. A. P. Lankford.

Keokuk College of Physicians and Surgeons—Prof. J. J. M. Angier.

Columbus Medical College, Prof. J. F. Baldwin.

On motion of Professor Yandell, Prof. J. B. Biddle was elected President of the Convention, and on motion of Prof. Bennett, Prof. Leartus Connor was elected Secretary.

On motion of Prof. E. Curtis, it was

Resolved, That the action of the Convention shall not be considered binding upon the colleges represented unless endorsed by their respective faculties.

On motion of Prof. Gross, it was

Resolved, That a committee be appointed to submit business for the consideration of the Convention, to report at the afternoon session.

The chair appointed as this committee, Profs. Bodine, Gross, Geddings, Holton, and Scott.

The Convention adjourned until 4 P. M.

AFTERNOON SESSION.

Pursuant to adjournment, the Convention reassembled at 4 P. M., the President in the chair.

The minutes of the last meeting were read and approved.

Prof. Bodine, from the committee to prepare business for the Convention, reported the following questions for its consideration:—

1. Shall the beneficiary system, with its present abuses, be condemned or endorsed?

After discussion, on motion of Prof. E. Curtis, the following preamble and resolutions were adopted with reference to question first:—

Whereas, the practice of reducing or remitting in individual cases the established fees of a college has the objectionable feature of discriminating between students who may be equally deserving, and opening the door to possible gross abuses; therefore,

Resolved, That this Convention regards the above privilege as one to be deprecated in general, and, if put into practice at all, to be

exercised both rarely and reluctantly, and only in unusual circumstances, and after unsolicited application by proven deserving candidates.

Resolved, That anything like a wholesale system of such reduction or remission of established fees, or any open solicitation of recipients of such favors, be regarded as in the highest degree improper, and that any college indulging in such practices deserves to forfeit its place on the *ad eundem* list of medical colleges.

2. Shall two consecutive courses of lectures in one year entitle students to become candidates for graduation?

On motion of Prof. E. Curtis, it was

Resolved, That it is the opinion of this Convention that no two consecutive sets of lecture tickets shall be regarded as fulfilling the usual prerequisites of instruction for graduation, where the time between the beginning of the first course and the end of the second is less than fifteen months.

Question 3. Shall any faculty, under any circumstances, issue a diploma not bearing the graduate's name?

On motion of Prof. Waterman, it was

Resolved, That no medical faculty should issue a diploma not bearing the graduate's name.

It was ordered that the meetings of the Convention shall be at 10 A. M. and 4 P. M. On motion, the Convention adjourned.

SECOND DAY.

The Convention reassembled on Saturday, June 3d, at 10 A. M., the President in the chair.

The minutes of the previous meeting were read and approved.

On motion of Prof. L. P. Yandell, Jr., the regular order of business was suspended, and communications were read from the faculties of the following medical colleges:—Louisville Medical College, Kentucky School of Medicine, Evansville Medical College, Rush Medical College, Medical Department University Louisiana, Medical School of Harvard University, Savannah Medical College, Cincinnati College of Medicine and Surgery, Medical College of State of South Carolina.

On motion of Prof. Atchison, these communications were placed on file.

Question 4. Shall this Convention resolve itself into a permanent organization?

On motion of Prof. Atchison, it was

Resolved, That the question be referred to a committee of five, to report at the afternoon session.

The chair appointed as this committee, Profs. Atchison, L. Curtis, E. Curtis, Yandell and Scott.

On motion of Prof. Rogers, the President and Secretary of the Convention and Prof. Atchison were appointed a committee on publication.

Question 5. Is there any reason why the customary diploma fee shall be abolished?

On motion of Prof. Rogers, it was

Resolved, That it is the sense of the Convention that the diploma fee should not be abolished.

Question 6. Is it advisable to adopt a graded course of study?

On motion of Professor Bodine, the following preamble and resolution were adopted in reference to this question:

WHEREAS, a knowledge of the elementary branches of medicine should precede a study of the practical branches,

Resolved, That, in the hope of inducing students to prolong and systematize their studies, this Convention recommends to all medical colleges to offer to students the option of three courses of lectures, after a plan similar to the following: Students who have attended two full courses of lectures on anatomy, chemistry, materia medica and physiology, may be examined upon any of these subjects at the end of their second course. During their third course such students may devote themselves to the lectures upon the theory and practice of medicine, surgery, obstetrics and diseases of women and children, upon which subjects only they shall be examined at the final examination for the degree of M. D.—their standing, however, to be determined by the results of both examinations.

On motion, adjourned till 4 P. M.

AFTERNOON SESSION.

The Convention reassembled at 4 P. M., the President in the chair. The minutes of the last meeting were read and approved.

Professor Atchison, from the committee to whom the subject of permanent organization was referred, reported the following resolutions:—

Resolved, 1. That this *Convention* now proceed to form a Provisional Association of American Medical Colleges, under its present officers.

Resolved, 2. That when the Association adjourns, it shall adjourn to meet at the call of its President.

Resolved, 3. That the various medical colleges be invited to take into consideration the project of forming, at the next meeting of this Provisional Association, a permanent Association of American Medical Colleges.

Resolved, 4. That for the furtherance of this object, a committee of three be appointed at this meeting, to confer by letter with the various colleges, and invite their views on the proper object and plan of such proposed organization; and upon the receipt of the same, to draft a constitution and by-laws for a permanent Association, to be submitted at the next meeting of this Association.

Resolved, 5. That the advisory resolutions upon matters of college policy passed by this Convention be printed and forwarded to all regular medical colleges in the United States for their consideration.

The chair appointed as committee to carry out the foregoing resolutions, Professor T. A. Atchison, Professor Edward Curtis and Professor L. P. Yandell, Jr.

These resolutions were adopted, and the Con-

vention resolved itself into the Provisional Association of American Medical Colleges.

Question 7. Is it proper for a regular college to have any kind of alliance with homœopathy?

On motion of Professor Atchison, it was unanimously

Resolved, That in the opinion of this Association, medical colleges ought not to recognize or hold fellowship with any school or its alumni in which irregular medicine is taught as a part of the curriculum.

Question 8. Can college fees be made uniform?

On motion of Professor Geddings, this question was referred to a committee of five, to report at the meeting of the Association to be held in 1877.

The chair appointed Professors Geddings, Gross, Angier, E. Curtis and L. Curtis, this committee.

On motion of Professor Biddle, the following resolution was unanimously adopted:

No degree in medicine shall be conferred, under any circumstances, except after an examination in person of the candidate upon all the branches of medicine.

On motion of Professor Atchison, the thanks of the Association were tendered to the President for the able and impartial manner in which he had discharged the duties of the chair.

On motion of Professor Yandell, the thanks of the Association were tendered to the Secretary for his efficient services.

On motion of Professor Larrabee, the thanks of the Association were tendered to Jefferson Medical College for the use of the hall and other courtesies.

On motion, the Association adjourned to meet at the call of the President.

J. B. Biddle, M. D., *President.*
Leartus Connor, M. D., *Secretary.*

RHODE ISLAND STATE MEDICAL SOCIETY.

The sixty-fifth annual meeting of the Society was held in the second week in June. Dr. Geo. W. Jenckes, of Woonsocket, President, in the chair.

The report of Censors and records for last annual and quarterly meetings were read and approved.

Dr. E. M. Snow, for the Committee on Registration, reported verbally that the State registration report for 1874 had been issued, and placed with the Town Clerks for distribution, and could be obtained in Providence, at the office of the Superintendent of Health.

Dr. W. E. Anthony, for the special committee in the case of Dr. Thomas Mathewson, accused of practicing abortion, including report of censors on the case, recommending his expulsion from the Society. Report was received and adopted.

On motion of Dr. Mann, to expel Dr. Mathewson for violation of the rules of the Society, a vote was then taken, and Dr. Mathewson was expelled by a vote of more than two-thirds of the Fellows present.

Dr. W. E. Anthony, delegate to the Annual Convention of the American Medical Association, at Horticultural Hall, Philadelphia, Tuesday, June 6th, read a written report of the meeting, with a brief digest of its proceedings, which was read and received.

Dr. S. A. Arnold, Secretary, read the Annual Report of the Trustees of the Fiske Fund, which was received and ordered to be recorded. The Report shows a balance in the hands of the Trustees of $1242.64. The Trustees make no awards of premiums on the subjects offered for essays last year. For the best dissertations on the following subjects, or either of them, the Trustees offer the premium of $200 for this year:—

First, What is the best means, civil, social and medical, that can be used for the prevention of disease?

Second, The causes and nature of cerebral disturbances, so frequently occurring, especially those following active mental exercise.

Dr. W. O. Brown stated that the State Board of Pharmacy, which was chartered by the General Assembly, upon the petition of this Society, six years since, had become a very useful and successful institution, and should receive recognition and encouragement from this Society. He presented several copies of the Annual Report of the State Board of Pharmacy for 1876. The Report shows there are eighty-four registered pharmacists and thirty assistant pharmacists in the State, and expresses the satisfaction of the Board with the successful and harmonious working of the law, since its enactment six years ago, and the beneficial effects resulting therefrom.

The annual election of officers was then proceeded with, and the following named candidates were elected officers of the Society for the ensuing year, after Dr. Jenckes had been reëlected President and declined:—

President—Dr. Edwin M. Snow, Providence.

First Vice-president—Dr. Charles H. Fisher, North Scituate.

Second Vice-president—Dr. Edward T. Caswell, Providence.

Recording Secretary—Dr. Walter E. Anthony, Providence.

Corresponding Secretary—Dr. Edward M. Harris, Providence.

Treasurer—Dr. Timothy Newhall, Providence.

Board of Censors—Drs. Ariel Ballou, James H. Eldridge, George Baker, Otis Bullock, Sylvanus Clapp, Welcome I. Brown, David King, J. W. C. Ely.

Registration Committee—Drs. E. M. Snow, E. T. Caswell, James H. Eldredge.

Publication Committee—Drs. C. O'Leary, W. O. Brown, H. G. Miller, C. T. Gardner.

Auditing Committee—Drs. C. W. Parsons, C. W. Fabyan.

Dinner Committee—Drs. S. Newell, A. E. Ham.

On motion, it was voted to hold the quarterly meeting in September, in Lyceum Hall.

Dr. O. C. Wiggin, delegate to the annual meeting of the New Jersey Medical Society, reported briefly upon various medical questions discussed there, and of the fraternal attentions which made his visit a very pleasant one.

Dr. Wiggin then delivered the annual address before the Society, upon the subject of "The Cause of Discrepancy in Medical Testimony given in the Courts of Law." The paper of Dr. Wiggin was an able presentation of its subject, showing the difficulties that attend medical and other expert testimony when given in courts, and that discrepancies must exist in such testimony, in the very nature of things.

HARFORD CO. (MD.) MEDICAL SOCIETY.

Pursuant to adjournment, the regular meeting of the Medical Society of Harford county was held in Bel Air, on Tuesday, May 9th, 1876.

Dr. R. H. Milner, of Port Deposit, who was present at the meeting, offered some remarks as to the contagion of typhoid fever, and referred to a number of cases, evidently communicated by contagion, that had occurred in his town. He considered that a temperature of over 104° in the early stages, unless in a decidedly malarial locality, was a very unfavorable sign in typhoid fever.

Dr. Virdin reported a highly interesting case of Bright's disease which had quite recently come under his observation in consultation. He first saw the patient (aged 51) after she had been sick about five weeks. The patient's trouble at the time appeared to be entirely referable to the stomach. There was no pain after she was seen by Dr. V., though its previous existence had been reported. Yet she was frequently annoyed with nausea and vomiting, and there was rapid emaciation progressing, and incessant anorexia. The matter ejected from the stomach in chief appeared to be ordinary bile. The temperature of the patient which was first noted ten days previous to death and then daily until the date of that event, never exceeded 101.5 degrees, nor less than 99 degrees. It was noted that the urinary secretion was very nearly normal in quantity; and when examined by Heller's test and heat, eight days before death, the quantity of albumen was so small as to make it of no value as a diagnostic symptom.

At the same time that these tests were applied the microscope was also used. The microscopic examinations of the urine were made by Dr. Milner, of Port Deposit, to the great value of which instrument the gentlemen were entirely indebted, in the absence of the rational symptoms, for their diagnosis of the exact character of the disease. The casts were pale, small, and not very abundant at the first examination, but at the same time were distinctly granular. At the two subsequent examinations the casts were much more abundant, were larger and darker, more irregular and ragged. The last of these examinations was made on the day previous to death. There was no dropsy; no disease of the heart, nor was there any coma or convulsions antecedent to death; thus illustrating, by the absence of these conditions, that the patient died of contracted kidney.

The nausea and vomiting in the case could only be accounted for upon the theory of the presence of urea in the circulation, and that the efforts of the stomach were induced for its elimination. This case is illustrative of the great value of the microscope in the absence of a post-mortem examination, which in this instance was not attainable.

The following officers and delegates were unanimously elected:—

For President—Dr. W. W. Virdin.

Secretary—Dr. W. Stump Forwood.

Treasurer—Dr. R. D. Lee.

Assistant Secretary—Dr. H. Clay Whiteford.

Delegates to the American Medical Association, to meet at Philadelphia in June.—Drs. J. Ward Scott, W. W. Hopkins and W. Stump Forwood.

Alternates—Drs. S. B. Silver, R. D. Lee and C. E. Iddings.

Dr. Lee then arose and announced the death of one of the members, Dr. Geo. H. Roberts, which had taken place quite recently.

The next meeting will be held in November next, at Churchville.

W. Stump Forwood, *Secretary.*

Editorial Department.

Periscope.

Snuff-taking as a Therapeutic Measure.

Dr. W. L. Watson, of London, writes to the *Lancet:*—I may perhaps call attention to the use of tobacco-snuff as a means of curing a cold in the head. I have frequently tested it, and have found it answer extremely well. The first pinch commonly excites sneezing (i. e., in those who are not habitual snuff-takers); but after the second or third pinch the powder remains in the nostrils, and forms a coating of the mucous membrane. A flow of thin serum then begins, and the sense of fullness and obstruction at once subsides. In a few hours the cold is cured, or at the latest survives only for a single night. The snuff should be used freely, and the coating

formed by it on the mucous membrane should be left undisturbed for several hours, blowing the nose being meanwhile avoided until all feeling of "stuffiness" in the nostrils has subsided.

This remedy, however, is extremely distasteful to some persons, and ladies can rarely be persuaded to try it. To such patients the inhalation of the mixed vapors of ammonia and carbolic acid will be more acceptable, and according to my experience answers almost as well. The formula for this preparation is as follows: Crystallized carbolic acid, five grains; rectified spirits of wine, twenty minims; liquor ammoniæ, five minims; distilled water, ten minims. A few drops of this solution are placed inside a cone of blotting-paper, and the open end of the cone applied to the nostrils for inhalation, the heat of the hand being sufficient to accelerate the vaporization of the fluid if necessary. This answers admirably in many cases of simple catarrh of the nasal passages; but if used for catarrh affecting the air-passages, is too irritant, and must be avoided in all such cases.

On Muscular Contractions.

This is the subject of a pamphlet by Dr. I. Straus, of Paris, noticed in the London *Medical Times and Gazette.*

Dr. Straus defines a "contracture" as a tonic, persistent, and involuntary contraction of one or more muscles. The phenomenon is of an active and lasting character, and is to be distinguished from mere shortening depending upon the conversion of muscular into fibrous tissue (cicatricial), or upon the paralysis of opposing muscles, and from cramps and convulsions which are of a transient character.

Contractures due to diseases of the cerebro-spinal axis are first described, and Dr. Todd's classification is adopted. The pathological changes consequent upon cerebral hemorrhage and their connection with contractures is described, but nothing is added to what is already well known. A good description of the so-called "hysterical contractures" is given, derived chiefly from Charcot's work. The name is not a good one, for, as Dr. Straus points out, such cases, when of long duration, are shown to be dependent upon organic lesions, so that it is probable that there are less marked changes even in the slighter cases.

Electrolysis in Aneurism.

At the close of a lecture, reported in the *British Medical Journal*, Mr. J. Duncan, lecturer on surgery in the University of Edinburgh, said:—

I shall now endeavor to sum up for you the conclusions which I draw from a review of the history of electrolysis in aneurism, and my own experience of its working. I beg you to understand that I speak tentatively only; that I am not inclined to dogmatize.

1. In aortic aneurism, electrolysis is available to prevent external hemorrhage; and in such cases the operation should be prolonged, that it may occupy, so far as is possible, the external sac with the electrolytic products.

2. Even when the aneurism has not penetrated the wall of the thorax or abdomen, electrolysis may be hopefully used after a trial of other remedies, but should not be pushed to the same extent.

3. In external aneurisms, electrolysis should be tried, if compression be not available, or have failed; and it is to be preferred to ligature —at least of the innominate and iliac arteries.

4. Both poles ought to be inserted, unless the aneurism be fusiform, or too small to admit them.

5. If only one pole be used, the positive should be inserted, because its clot is firmer and more adherent, though smaller.

6. The needles ought to be insulated, by means of vulcanite.

7. The battery should have large electromotor force. If both poles be inserted, from four to six cells of medium size should be used; if one only, a large number of cells of smaller size are required.

Origin of Urea in the Body.

In a recent paper on this subject, mentioned in the *Lancet*, Dr. Salkowski observes that the principal facts at present known bearing on this point are that certain amido acids, after their ingestion into the alimentary canal, appear in the urine in the form of uramid acids, or combinations of amido acids with the group CONH. 2. Certain other amido acids, such as glycocoll, leucin, asparaginic acids, which are products of the disintegration of albumen, when administered with the food, lead to augmented excretion of urea. 3. After the ingestion of sal ammoniac, the greater part of the nitrogen appears as urea in the urine. 4. In the course of the oxidation of glycocoll, leucin, etc., in an alkaline solution outside the body, carbaminic acid is formed, the salts of which are found in the blood. On repeating and extending the researches that led to the above conclusions, he has satisfied himself that at some stage of the disintegration of nitrogenous substances cyanic acid (or carbaminic acid) is formed in the body; secondly, that both glycocoll and sarcosin cause considerable increase in the amount of urea excreted, without producing more than a small increase of the amount of disintegration of the albumen; and, thirdly, he agrees with Drechsel in thinking that albumen ingested as food breaks up into leucin, tyrosin, etc.; these undergo oxidation, and form carbaminate of soda, which splits up, perhaps under the influence of a ferment, into urea and carbonate of soda.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Some Special Affections of the Œsophagus." By F. W. Godon, M. D. (Reprint from the *Pacific Medical and Surgical Journal.*) This is a summary of the diseases peculiar to the tract, and is read with interest as a representative of the latest researches in this new field of study. The method of Hamburger in auscultating the tube is amplified, and the "sound" as described by Mackenzie reviewed. The reckless or empirical use of bougies or probangs is wisely condemned, and a happy substitute, galvanism, tendered. The remaining pages are surrendered to clinical reports of cases under treatment. The essay hawks no theories, makes no cross-views of the sentiments of others, but in easy style shows up the author's experience.

——"On Stricture as the Initial Cause of Gleet." By Fessenden N. Otis, M. D. A reply to the paper of Dr. Sands on the same subject. The plea of this retort is the disparagement, as the author construes it, by Sands, of the value of the factor, stricture, in all equations of gleet. Dr. Otis is needlessly sensitive about slights paid to his revelations in the urethra, and is not justified in boxing an author because *his* discovery is not noted as "patented." There is really no sensible discord in the convictions of the two professors. Sands enumerates three conditions of gleet, the last of which is stricture. Otis contends that the order should be reversed. Swords are next crossed on the precise amount of urethral inflammation necessary to produce contraction, and another tilt is enjoyed in comparing the significance as allowed by each to the various metric measurements of urethral calibre under congestion.

——"Medical Addresses." Cotting. These are three, and respectively titled—"Nature in Disease;" "Disease, a Part of the Plan of Creation;" and, "My First Question, its Solution a Sure Basis for Rational Therapeutics."

Each is an expansion of the same sentiment, and all can, for economy's sake, be pared down to a single discourse. The warrant for these addresses is the desire to annihilate the faith of the vulgar in the power of positive medication, and to teach that the organism, vaguely called "Nature," has enough vitality to rise, *without help*, above occasional infelicities. The term "nature in disease" sounds to us pseudonymous. This, like its synonym, φυσις, is too general; mind, as well as matter, is included. Custom only has contracted the claims of the term, and as now restricted it speaks merely of matter's activity. The organic force (after Müller) is a more suitable correlative, and its laws give us a better apprehension of the reason of being. The exclusivism of nature's potentiality to heal is not sustained by the author, and a number of tolerably fair concessions to the necessity, at times, of drugs pleasantly relieves the essays of any strong odor of dogmatism. Cotting seldom soars in thought, and never sinks to inanity. The tenor of the argument is always even, and the judgments are the same as constitute the strength of other defences of the subject. The book will regale all the alumni of this new school of philosophy.

BOOK NOTICES.

The Moral Aspects of Vivisection. By Frances Power Cobbe. Published by the Women's Branch of Pennsylvania Society for Prevention of Cruelty to Animals.

The age bids high for the polemic in literature. The more controversial an essay is, the more voracious are we for it. This relish for the racy, particularly the *ascetic*, may be fathered on a common love for stimulus. We hurry to see a steeple-chase, we want our gin-cocktails to bite, and we hanker just as much for the red-pepper in quill-scuffles. Then, too, the neoteric revolutions in every field of thought, the strange departures in religion, the startling upheavals in science, bring out belligerents everywhere. No picket is nabbed without some show of fight. The author is one of these videttes. Her patrol, however, involves no special risk, except the stigma of a fossil. She enjoys a dispute, and fires shot with a sparkle of the eye; but her temperament is not gally nor malevolent. She peddles the "milk of human kindness," but her customers are dogs and cats. Miss Cobbe's blood chills at the cries of these creatures under the scalpel of science, and her ban against the practice is issued. The essay before us is a maranatha on experimental physiology. The spirit of it is quite an exception to the usual *ex cathedrâ* dissertations. Cobbe uses invective, because she feels the

power of the right. The truth makes her defiant. Her honesty of conviction is so sturdy, that in her sallies on her opponents she cannot help slaying them or bringing them to terms. Every sentence *does* tell; all are stocked with an intention; there are no interpolations of foreign matter; the entire essay has conviction in view, and is born of the author's earnest sympathy for the brute. The real merits of vivisection are noted, the demands of science are allowed, but the necessity of mutilation or the immolation of dumb animals on the altar of a barren curiosity is ably gainsayed. The hit of the essay is this: that explorations in physiology need not be public; that the actual confirmation of special discoveries, if authenticated, is not imperative; that the fashionable practice of *cutting up whatever crawls, just to see why it crawls*, is a prostitution of the science. The proofs, as well as the exhibition of them, are irresistible; and, what is a marvel, there is no inaccuracy of quotations. Miss Cobbe may lay the pen down, as there is no chance for any rejoinder.

Lectures on Orthopædic Surgery and Diseases of the Joints. Delivered at Bellevue Hospital Medical College During the Winter Session of 1874–75. By Lewis A. Sayre, M. D., Professor of Orthopædic Surgery, Fractures and Dislocations, and Clinical Surgery, in Bellevue Hospital Medical College, etc., etc. Illustrated by 274 Wood Engravings. New York, D. Appleton & Co., 1876. 1 vol., 8vo, pp. 476. Price, cloth, $5.00.

Few works on surgery, it is safe to predict, will command the attention of the profession so generally as this. The original conceptions and skillful execution of the author are familiar to all who are, in any degree, acquainted with American surgery. His methods of treatment have excited lively attention in Europe, as well as at home, and as he has rarely appeared through the press, there has been, as was recently shown in this journal, considerable misapprehension of his principles of treatment, as well as of the details of his operations.

Without pretending to enter into these, or to compare them with the more familiar plans, we shall give a notion of the scope of the work, referring our readers to its pages for more complete information.

After a few preliminary paragraphs, of a historical character, the author proceeds to the discussion of deformities, commencing with their kinds and causes. Of the latter, particular prominence is given to reflex muscular contractions from congenital phimosis and adherent prepuce. We believe this etiological moment was pointed out by Professor Sayre, and its appreciation in his third lecture is most full and satisfying. On the subject of treatment, his directions are explicit and cannot be too carefully studied. For instance, the warning, in using electricity, to place the contracted muscle in its normal position, before applying the current, is a suggestion of the utmost clinical significance. Not less so are the recommendations (on pages 42, 43), clinched by a most melancholy instance of their neglect, concerning the necessity of manipulations when using the fixed apparatus.

Five lectures are devoted to talipes; in them the apparatus invented by the author, and the plans of treatment by operations and splints, are set forth. Among the latter he selects for especial commendation the porous felt splint invented by Dr. David Ahl, the merits of which have at several times been set forth in this journal.

In the twelfth lecture, corns bunions, ingrowing toe nails, and similar minor matters are discoursed upon. Dr. Sayre very justly says that these are by no means beneath the notice of the surgeon, and he illustrates the fact by some happy anecdotes.

The remainder of the volume is given to diseases of the joints. The ankle, the knee, the hip, the spine, and anchylosis, are treated in the order given. The articles on morbus coxarius are not surpassed in value by any passages in surgical literature. Dr. Sayre's name will be honorably connected with the history of the management of this disease whenever in the future the development of surgical procedures is under discussion. No other authority at all compares with him in sound advice and beneficent results.

What we have said, though it states imperfectly the scope of the work, does so, it is hoped, sufficiently to induce every reader who proposes to treat these surgical diseases to buy and study it diligently. Without a knowledge of its contents he is not qualified to undertake their management.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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SCHOOLS FOR NURSES.

The subject of the training of nurses is attracting deserved attention at the present time. As has been heretofore mentioned in this journal, the subject has been earnestly advocated before the Social Science and other similar associations, by Dr. John H. Packard, of this city.

It appears that at present there are only five schools of the kind in the United States. Besides the Woman's Hospital, of this city, there are two in New York, one in Boston, and one in New Haven. When the population and social conditions of the large cities in the United States are considered, it will be evident, on the one hand, that the demand for nurses must be far greater than these five schools can supply; and, on the other hand, that the material out of which the best class of nurses can be made must be abundantly forthcoming. The schools at present existing are under the training of volunteer associations, and are all attached, either wholly or partly, to large general hospitals. The only hospital, however, which has its own training school for nurses, under the control of its own Board of Managers, is the Woman's Hospital, of Philadelphia; and they, aware of the necessity for a wider field of instruction than is afforded by a special institution, have, within a few months, made arrangements for the admission of their pupils to the wards of the large hospital connected with the Blockley Almshouse.

A question will arise, in connection with this subject of nurse-training, whether it would be better to have a general association in each large city, as, for instance, in Philadelphia, where there are twelve hospitals, to take charge of the organizing of schools, and to constitute a central bureau of administration. The regulations of the existing schools do not vary in any very material points, the greatest difference existing in the term of instruction. This is, in Boston and New York, two years; in New Haven, fifteen months; and in Philadelphia, one year. In this matter, the expenditure of two years is surely not too much. The training of the nurses is a matter involving the comfort, and, perhaps, the lives of those of whom they are to have charge. The items of instruction involve the management of the lighting, ventilation, temperature, cleaning and tidying of the room, the changing of bedclothes and body-clothes, the handling of the patient, the avoidance of noise, the administration of medicines, the proper reception and removal of discharges, disinfection, the preparation and administration of food. Another most important function of the nurse is to watch the patient, and to give the physician a clear and truthful report of what takes place between his visits.

In London, not long since, a lecture on the same topic was delivered before the Social Science Association, by Miss Florence Lees, Superintendent-General of the Metropolitan and National Association for Providing Trained

Nurses for the Sick Poor. Dr. Sieveking presided, and, introducing Miss Lees, said the subject on which she proposed to speak she had worked at, both abroad and in this country, among rich and poor, and probably no one was more able to give an opinion on the subject. Miss Lees explained in detail the necessity that existed for making nursing a study, in order that those who followed it might secure the "social position and material awards" which belonged and were generally accorded to those who combined a scientific education with a useful calling; and in calling attention to the present serious sanitary defects among the lower classes, she strongly appealed to those interested in the poor to do all they could to provide our laboring classes with proper instruction on these subjects. She also most justly urged that these training schools for nurses should be made self-supporting, and not dependent on charity. She claimed, moreover, that there is no intrinsic difficulty in accomplishing this.

Physicians who attend on hospitals throughout our country should make this a matter of serious study. Every large hospital should have as an adjunct such a training school. Both the patients in the hospital and those in private families would be greatly the gainers.

DR. GEORGE H. NAPHEYS.

The brief words which appeared in the newspapers of this city on the second of July—

Napheys.—On the 1st instant, Dr. George H. Napheys.

doubtless sent a thrill of sadness through many another heart, as they did through his who pens this insufficient tribute to the memory of this young, gifted and genial member of our profession.

To those who have been familiar with the publications of this office, his name has long been known. Graduating from the Jefferson Medical College in 1866, he commenced at once supplying reports of clinical lectures to this journal. A rapid stenographer and skillful penman, his renditions were highly commended by the professors and praised by readers. This success led him to employ his leisure in collecting material for a series of works on therapeutics, addressed to the profession, and for the infinitely more difficult task of a series of essays on personal hygiene and popular medicine. Ten years ago this was a more daring step than it would be now, for professional prejudice has yielded much on this point since that date.

With characteristic intrepidity, his first volume comprised the most delicate and difficult part of the whole topic, that which is occupied with the physiological and mental functions of woman. Choosing as his model the charming treatise of Roussel, "*Systeme Physique et Moral de la Femme*," he composed a volume which, in felicity of expression and singular delicacy of thought, surpassed even that masterpiece. "*The Physical Life of Woman*," first published in 1869, took both the profession and the public by storm. The most eminent physicians and all the leading medical journals bestowed upon it the very highest encomiums. Matters of private hygiene, of vital interest but so difficult to explain without offense that even parents shun them, were here discussed with scientific fullness, but in language of such marvelous aptness that the most sensitive could take no offense, the chastest soul receive no tarnish.

The reception from the reading public was overwhelming. We are credibly informed that in less than three years over one hundred thousand copies of the work were sold, not counting editions printed in Canada and England.

The next year appeared the "*Modern Therapeutics*," a most admirable conspectus of the modern methods of treatment, both in hospitals and private practice. Its success with the profession was as signal as was the "*Physical Life of Woman*" with the people. Three editions were printed in rapid succession, and a fourth has long been demanded. The preparation of

this the author was engaged upon at the time of his last illness.

Two other works, parts of the series he designed for popular instruction, have also appeared, "The Transmission of Life," a treatise intended to supply the same information to the male sex which his first publication did to the female, and a general work on the prevention and cure of disease.

In the meantime he acted as assistant editor of the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE and of some other publications of this office, as well as contributed freely to medical and general literature in other directions.

This activity was interrupted by two visits to Europe, one extending over nearly three years. During these journeys he continued to collect and observe, and added much to his materials for literary labor. Shortly after his second return, however, during the July heats of last year, and at a period when his powers had been taxed to their utmost by intense and painful emotions, as well as by protracted mental effort, he experienced an apoplectiform seizure, followed by unconsciousness of a number of hours' duration.

After this his friends could not but notice an ominous change in his disposition. Though seemingly physically restored, he lost his interest in study and labor, secluded himself more and more from social intercourse, and was evidently yielding to a profound melancholia. The earnest efforts of devoted relatives and friends were unavailing in rescuing him from this mental malady. Overcome at last by its increasing strength, he yielded to one of the impulses it so frequently inspires, and terminated his own life by a hypodermic injection of a narcotic on July 1st. When found, his dying hands clasped, in the one a lock of hair and in the other the portrait of her whose early death had taken, as to him, all sweetness out of living, all purpose out of striving.

Thus did our unfortunate associate close his short yet brilliant career. The emotions, the tender sentiments he has described with such a magical pen, he felt himself with an unmatched keenness. They mastered his whole frame with an intensity surpassing all romance. His descriptions of the passions, descriptions which have been the wonder of thousands, such is their fire and temper, were not rhetorical studies, but the ebullition of a soul sensitive to their lightest breath, and not shunning their wildest tempests.

The genius which dictated the lines he has left us is not to be judged by the conventionalities which suit the cold temperaments of ordinary men; there is a strong vein of egotism in most devotion; but here was one who felt "all is lost, when love is lost."

Of his unfinished labors we are not now prepared to speak. Smitten in the midst of his ambitions, by a blow from which he never rallied, various imperfect works have been left. Whether they are in such a state of forwardness that other hands can complete them, will, no doubt, be ascertained by his representatives.

NOTES AND COMMENTS.

Ulcers of the Cornea.

In an article in the Richmond and Louisville *Medical Journal*, Dr. J. G. Brooks observes:—

The little superficial, non-inflammatory ulcer of the cornea, which is of so much annoyance to the surgeon, is simply a destruction of the superficial layer of the cornea. It neither has a tendency to heal nor grow worse. It looks as if a little piece of the external coat had been nipped out with some sharp cutting instrument, and would pass unnoticed by an unpracticed eye if the glasses were not used. It is not very painful to the patient, but is of great annoyance, because it interferes with vision, and at times the eye feels quite uncomfortable. I find scraping the ulcer and a mild caustic application, with the bandage applied continuously, all that is generally required.

Dr. Martinache, an eminent oculist of San Francisco, asked me on one occasion to visit the hospital of that place with him and see the result of the use of the actual cautery on all

ulcers of the cornea. He showed me one case which he said had been cauterized only four days previous, and it was nearly healed. An article soon appeared in a medical journal of San Francisco, in which he affirmed that this mode is superior to all others for the cure of ulcers of the cornea, but I think it would require a more extensive use to guarantee the assertion and establish it as a fact.

Specific Against Hydrophobia.

Dr. Grzyvala, of Krivoe Ozero, Podolia, for whose trustworthiness Professor Gubler, of Paris, vouches, declares that, after a series of crucial trials, which he describes at length, he has found that, after having had opportunities of treating at least one hundred cases of men bitten by rabid dogs with the *Xanthium Spinosum*, he has never in any one of these cases failed to ward off hydrophobia. He gives some startling examples. During the Crimean war, a family of twelve persons had been bitten by a hydrophobic wolf. Six of them entered his wards in the hospital of Olschanka, government of Podolia, district of Balta. They were treated with infusion of the leaves of xanthium, and all recovered. The six others, who were treated by the actual cautery and the daily use of genesta tinctoria and other drugs, died with hydrophobia in the course of twelve to sixty days. He recounts many other facts not less striking. For an adult, the dose is sixty centigrammes of the dry powder, repeated three times a day, and continued during six weeks. Children under twelve take half that quantity. The dose for animals is much larger. A herd of thirty oxen had been bitten by a mad wolf; eight had succumbed with symptoms of hydrophobia. The Commissary of Police came to Dr. Grzyvala for his "anti-rabic powder." He gave three ounces of the powder, with bran, daily, to each of the animals; none of them suffered from the disease. These are examples, of which Dr. Grzyvala says he has a hundred others. The *British Medical Journal*, from which we glean the above, recommends the trial of the plan.

On Tuberculosis in Children.

Before the Clinical Society of London, at a late meeting, Dr. W. H. Day read a paper on the above subject. He described tuberculosis as a constitutional febrile affection, occurring chiefly in children of rapid growth and active intellects. Tubercle was a new growth liable to undergo degeneration. It was often found after inflammatory affections, accompanied by marked debility. It was also apt to pass suddenly from a quiescent to an active condition. Neglected ailments were apt to pass into tuberculosis. Cavities were very rare in the lungs of children. He did not hold that rapid general dispersion was a characteristic of tuberculosis. It was not easy to separate the factor of inheritance from the influence of the environment. Age was a great predisposing cause of tuberculosis. Children brought up by hand were apt to become tubercular. Defective nutrition favors such development. Tubercle histologically was closely allied to the exudations formed in depraved or cachectic conditions. The anatomical characters of the product were determined by the cachexia. Indifferent health might go on for some time without actual disease, until some accident lighted it up. Bronchitis often accompanied or concealed pulmonary tuberculosis. The rise of temperature was very significant. A temperature of 106° was not unknown during the formation of tubercle. Sweating was common. It was not the normal sweating of pyretic defervescence, but was due to exhaustion. The pulse, too, was rapid. The rapidity of the pulse was of less significance the less the temperature was affected. Tuberculosis was recovered from in favorable cases. The treatment comprised three main measures: quiet, quinine, and cod-liver oil.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter V.

THE GERMAN MILITARY SURGERY.

Centennial Exhibition, June 29th, 1876.

Ed. Med. and Surg. Reporter:—

To the thoughtful mind, there can be no more gratifying evidence of the progress of the race in what is good and great than this Exhibition. The secrecy and jealousy of nations, guilds and firms are done away with, and processes and results are boldly shown in friendly rivalry. But most of all did this progress impress me when strolling through the European exhibits. I came so often on the red cross of the Geneva Convention, showing with what

unanimity the kind-hearted are at work to diminish the horrors of war, and to overpower the effects of national hatreds by the mighty light of universal brotherhood.

In the spaces assigned to Netherland, Belgium and Germany, may be found a full selection of books, protocols, reports, plans and maps, published by the Geneva Convention and its various branches, such as the Berlin Aid Society, the United German Aid Societies in War, the Woman's Patriotic Union, the Netherland Societies of Assistance, etc. There must be sixty or seventy volumes, some of large bulk, setting forth the history and objects of these beneficent organizations.

In close connection with them is the attention given to military surgery, and the general topic of caring for the sick and wounded in time of war. By no nation—if we except our own, and this I think we may justly do—have these topics been more fruitfully studied, if I may judge from this international display, than by the Germans. Their recent and large, though short experience, has taught them much.

South of the rich display of musical instruments, which forms so conspicuous a feature in the exhibit from the German empire in the Main Building, is a collection which will occupy for a number of hours the attention of the studious practitioner, especially if he has surgical tendencies. This is the representation of objects sent by the German surgeons and surgical purveyors.

The most extensive collection is that of materials for the transportation and dressing of the sick and wounded in field service, made by the members of the sanitary detachment of the Fourteenth Army Corps, under the direction of corps medical director Dr. Bernhard Beck, of Carlsruhe. These illustrate the use of straw in military surgery. It includes twenty straw splints of different sizes, for dressing gunshot wounds of the upper and lower extremities on the field. Two straw mats are also shown, applicable to the same purpose. Rolls and rests for fracture of the lower extremity, wedge-shaped pillows for those of the upper third of the femur, and wraps for wounds of the abdomen, of the same cheap and easily obtainable material, are exhibited. There is also a plaited straw litter, designed for the transportation of the severely wounded from the field to the field-hospital, and which could also be readily adjusted in a cart, wagon, ambulance, or car, so that it furnishes an elastic and comfortable bed for even long journeys.

Two very handsomely finished models of cars are sent by the Board of Directors of a South Prussian railroad, the Niederschlesisch Maerkischen Eisenbahn, one-fifth the natural size, the one showing a carriage for transporting sick and wounded, the other a kitchen car. Both are fully equipped, the former with beds, stretchers, litters, etc., the latter with a stove, dishes, pots, pans, cupboards, and whatever is needed to set out a "square meal."

A similar model, near by, sent by Mr. A. H. Plambeck, of Hamburg, represents a baggage train completely equipped as a movable hospital. The same exhibitor shows six stretchers, with hooks, ropes, and necessary rigging to attach them to the inside of an ambulance or car; also a frame to support two stretchers, with furniture complete, including two mattresses, two cushions, two pillows, four blankets, and two coverlids. Such a frame can be placed in a baggage car, or even a country cart, and over the roughest roads will afford a very comfortable resting place for a wounded man.

The eminent surgeon, Dr. Frederick Esmarch, of Kiel, has transmitted many proofs of his beneficent industry. Two knapsacks for field dressing; one pocket dressing case for volunteer assistants on the field; a chloroform inhaler; two packs for bandages; two boxes containing the necessary apparatus for his celebrated "bloodless" operations; another with all the materials for plaster-of-paris dressings; a dozen large colored prints, showing the various processes for the "bloodless" method in amputations; materials for elastic extension, to be used in transporting recent fractures of the femur; a number of books, etc., attest the activity of this distinguished representative of German military surgery.

Interesting to compare with the models of military hospitals in the United States Army Medical Department, which I mentioned in previous letters, are, one in the section I am now describing, constructed by Dr. H. Niese, of Altona, and one in the Austrian department, by Dr. Zsigmondy, of Vienna. The latter is especially designed to exhibit the system of warming and ventilation recommended by Meissner. It shows the plan of a ward of sixteen beds, besides those for the ward master and assistant; the former is double that capacity, and has special reference to the requirements of barrack life.

In conclusion I may merely mention, as further objects of interest, the model dressing case, sent by the Central Committee of the German Aid Societies in War; the field case of Langenbeck, exhibited by Chr. Schmidt, of Berlin, and the methods of extempore bandaging for wounds, exhibited on plaster casts, by the Central Committee of the Bavarian Societies for the care of the Sick and Wounded in War. Yours, A.

News and Miscellany.

The American Public Health Association

Will meet this year in Boston, October 3–6th.

The Executive Committee has recommended that for this meeting the leading discourses, papers and discussions, shall be arranged under the following divisions of subjects:—

I. Legislation and the Applications of Law for Public Health Purposes.

II. Dangerous Employments and Harmful Processes and Products.

III. Surveys and other Expert and Systematic Works for Public Health Purposes.

Special subjects for discussion will be :—The Sanitary Regulation of Abattoirs, Expert Testimony, Measures for the Prevention of Yellow Fever, The Influence of Private and Public Buildings on Public Hygiene, and Illuminating Gas in Relation to Health.

Dr. Austin Flint will deliver a discourse on "Food in its Relations to Personal and Public Health"; and Mr. Charles Francis Adams, Jr., will submit a series of propositions in reference to increasing safety in traveling.

University of Ann Arbor.

We have been requested to state, in reference to the Medical Department of the University of Michigan, that it embraces two distinct faculties, one regular and one homœopathic. They are entirely separate, having no corporate connection whatever.

The Last Revolutionary Pensioner.

Among other items of correspondence received at the Ohio State Building is one over the signature of Commissioner of Pensions Bentley, stating that the last survivor of the pensioners of the Revolution was a resident of Ohio, named John Gray, who enlisted in 1781, and died in Noble County, Ohio, March 29, 1868.

Items.

—In the Swiss Universities of Berne and Zurich, last winter, there were sixty-three female students, of whom eight were Americans.

—The Ohio *Medical and Surgical Journal* and the Ohio *Medical Recorder* have been commenced in Columbus, Ohio. The opening numbers are creditable.

Personal.

—Dr. John Osgood Stone, of New York City, fell down dead one day last month. When he left home, an hour or so previous, he was apparently in perfect health. He was in the 65th year of his age. He was for several years a member of the Board of Health.

OBITUARY.

Dr. F. K. BAILEY.

A wide circle of friends will be saddened by the news of the death of Dr. Frederick K. Bailey, of Knoxville, Tennessee, widely known and honored for his numerous and esteemed contributions to medical literature, as well as for his excellent personal qualities.

Dr. Bailey received his diploma from Castleton Medical College, Vermont, in 1837, and, moving westward, practiced in Michigan, and Joliet, Illinois, for twenty years, with much success. Shortly after the war broke out he left civil practice, and entered the service as Acting Assistant Surgeon. He was stationed the greater part of his time at Quincy, Illinois, in charge of one of the United States general hospitals established at that point. It was at this time that the writer of these lines first met him, and the intelligence, courtesy and kindliness which then impressed him, in Dr. Bailey's conversation and bearing, led to a friendship and correspondence which did not cease till it is now severed by death.

When the war closed he removed to Knoxville, Tennessee, and soon entered upon a large practice, and won the esteem of his professional neighbors. He was elected President of the Medical Society of East Tennessee, and appointed United States Examining Surgeon for pensions. About a year ago pulmonary hemorrhage and other symptoms of serious thoracic troubles manifested themselves, which gradually led to his decease last month, in the sixtieth year of his age. B.

Dr. JOHN S. PARRY.

At a stated meeting of the College of Physicians and Surgeons of Philadelphia, held May 3d, on motion of Dr. Alfred Stillé, the following minute was ordered to be placed on the records :—

"The College of Physicians having learned with deep regret the death of their late Fellow, Dr. John S. Parry, and being desirous of expressing their estimate of his character and attainments, have adopted the following resolutions :—

"1. That his natural acuteness of mind, stimulated by an ardent love of knowledge, a thorough general education, and the cultivation of natural history, prepared him for the distinction he gained as an industrious, cautious and intelligent investigator of disease, and led him constantly to aim, above all things, at discovering and teaching truth in its simplicity.

"2. That our medical community has hardly furnished another example of a physician who, at so early an age, performed so much substantial work, exhibited so clear an insight into the subjects that he studied, or more fully illustrated the value of clinical experience guided by a sound judgment, and elaborated by literary and scientific skill.

"That Dr. Parry's modesty was as sensitive as his consciousness of power was decided; that the affability of his manners and the simplicity of his mode of life, his virtuous, frank and honorable conduct, his patience under prolonged suffering and his resignation to his untimely fate, were in beautiful harmony with his earnest love of truth, and his zealous efforts to advance professional knowledge.

"4. That these resolutions be published in the medical journals of this city, and that a copy of them, duly attested, be presented to the family of Dr. Parry."

JOHN H. PACKARD, *Secretary.*

MARRIAGES.

BATEMAN—GOFF.—At Fairton, N. J., on Wednesday, June 14th, by the Rev. S. R. Anderson, assisted by the Rev. J. K. Wilson, Robert M. Bateman, M. D., of Cedarville, N. J., and Miss Louie S. Goff, of the former place.

CARLTON—BRANNOCK.—On Monday evening, June 19th, at 9 o'clock, at the residence of the bride's father, by Rev. G. W. Leonard, Hubbard Gardiner Carlton, Esq., of Richmond, Va., and Miss Ethel, only daughter of J. Madison Brannock, M. D., of McKenzie, Tennessee.

HUMSTON—MCINTOSH.—At the residence of Mrs. Eliza M. McIntosh, Beverly, Ohio, on Tuesday evening, 30th May, by the Rev. Mr. Boyd, of the Episcopal Church, Marietta, Ohio, Dr. C. M. Humston, of Morocco, Ind., and Miss Jessie F. McIntosh.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1011.] PHILADELPHIA, JULY 15, 1876. [Vol. XXXV.—No. 3.

Original Department.

Lecture.

ANNIVERSARY ADDRESS BEFORE THE AMERICAN MEDICAL ASSOCIATION,

DELIVERED IN PHILADELPHIA, JUNE 6TH, 1876, BY J. MARION SIMS, M. D., PRESIDENT OF THE ASSOCIATION.

[Dr. Sims' address contains so much of universal interest to the profession that we are persuaded the following extracts will be welcome to all readers.—Ed. Reporter.]

Gentlemen:—I congratulate you on the privilege of assembling here during our Centennial Jubilee. * * * * *

Our organization has been lately much improved; indeed, its machinery is now almost perfect.

Questions of representation and of ethics were the rocks upon which we struck and well-nigh foundered. But, thanks to the wise heads and strong arms at the helm, we are safely over these dangers; and we intend to steer clear of them hereafter.

Who can forget the last meeting held in this city in 1872, when so much time was wasted in discussing the woman question and the negro question, incidentally rising out of the question of representation? Fortunately for us, these vexed questions are now all settled quietly and in the most natural way. Formerly we admitted delegates from small corporations and local societies that were sometimes temporarily hatched up for the purpose of forcing objectionable persons upon us. Now we are a truly representative body, made up of delegates from State and County medical societies; and we must, of necessity, receive such delegates as any of these societies, properly organized, may see fit to send us.

If any woman entering the medical profession makes such a reputation, and such a position in the profession in her own State or County, as to be sent as a delegate to us from a State or County society, we are bound to receive her.

If any colored man should rise to the dignity of representing a State or County medical society, we must receive him as such. And thus these two knotty questions are settled forever, simply by the appointment of delegates representing masses and principles, instead of close corporations and local interests.

Local questions of ethics were a great source of annoyance and of danger to us for a long time. But now the Judicial Council decides all such questions as come before us, and from its decision there is no appeal. * * * *

Medical Education.

While medical colleges are so easily multiplied, and while they are mere private corporations, running in competition with each other, we have nothing to hope in the way of reform from them. That first, second and third course students, if there are any such, should sit on the same benches at the same time, and hear the same lectures year after year, is an absurdity that exists only in our own country, and here it has existed for a whole century without any change or modification. But it cannot go on so for another century.

Already Chicago and Boston take the lead

and inaugurate the true scholastic method of classes, and terms of study, and courses of practical instruction, now fully appreciated by such young men as are in earnest in acquiring a thorough medical training.

The Harvard method, with a salaried Faculty wholly independent of fees from students, is the only plan by which we can ever hope for a a medical degree of any real value.

Five or six hundred thousand dollars given to the Medical Department of the University of New York, or to either of the schools of New York or Philadelphia, properly invested, would yield an income sufficient to endow the professorships in said school. This would make the professors independent, and they would not be compelled to graduate young men merely for the sake of the numbers graduated, irrespective of qualification.

The University of Virginia is, perhaps, the best training school in the country, but unfortunately its want of hospital advantages cripples its practical teaching.

How could any rich man do more for his country, more for science, more for education, more for humanity, than to liberally endow one of our already established medical schools, and thereby place it upon an independent footing? There are any number of wealthy men among us who would be glad of an opportunity to do this, if the subject could be properly placed before them.

May I not hope that the very words I now utter may be like seed "that fell on good ground and brought forth fruit, some thirty fold, some sixty, and some an hundred?"

Code of Ethics.

We boast of a Code of Ethics, the best ever given for the government of medical men; and we urge it as a model to be adopted by the profession in other countries. I would not shock the moral sense of this august body by speaking of it in irreverent tones; for I know that there are many, indeed a large majority of this Association, who believe it to be as perfect as the Decalogue, and as incapable of improvement. It is looked upon by some of its High Priests as the Holy of Holies, and not to be desecrated by the touch of vulgar hands. It is only by observing the practical operation of laws that we can judge of their fitness and usefulness. Let us measure our Code by this universal standard.

Twenty years ago it was considered disreputable for a physician to put on his door, or in his window, a plate giving his office hours. Now every one does it, greatly to the convenience of both physician and public. A few years ago a physician in a neighboring city was expelled from a society for inserting his name in the general Directory, with the announcement of his specialty and his office hours. In France they do things differently. There a doctor cannot put his name on the door of his apartment; but he can advertise himself in the Directory as broadly as he pleases. Usage makes what is right in one country wrong in the other.

A gentleman high in the ranks of the profession, holding a distinguished position among us, wishing to change his place of residence, writes to me to know how he can notify the world of his intention without violating the Code of Ethics; and he, and a friend of his, a well-known stickler for the inviolability of the Code, hold grave consultations over the easiest way of getting round its provisions without a flagrant violation of them. These are honest and honorable men, and would not willfully do anything wrong. But they feel that they are hampered by rules that are unjust and oppressive. Pardon me if I ask you, "Is the Code of Ethics up to the requirements of the times when it compels honorable men to do dishonorable things to promote an honest action?"

Under our Code all consultations are secret and confidential, and the friends of the patient are never to know that there was a difference of opinion between the consultants. But was there ever a difference of opinion on such occasions that it did not leak out, sooner or later?

It is derogatory to professional character for a physician to take out a patent for a surgical instrument, or any other invention. A distinguished physician invents a galvanic cautery. He has spent much time and a large amount of money in perfecting his apparatus. According to our Code, he cannot, he dare not, take out a patent for it, as any other honest man could do, simply because he is a practicing physician. But why should not the physician reap the reward due to talent and inventive genius as well as any other man? Does the profession at large, or does the public, derive any benefit by this robbery of the inventor? None whatever. We simply compel him to give his invention, his time and labor, to enrich the instrument-maker. A few brave men, daring to assert

their inalienable rights, would establish a precedent that would soon become a law, rendering this clause of the Code, as in other instances, a dead letter.

Who among us is ignorant of the value of Dieulafoy's Aspirator? A young man, not over thirty, he had the courage to patent his invention. The profession in France at first turned the cold shoulder to him, and said it was a pity that such a talented young man should have made such a mistake as to patent his invention! But now he is called in consultation with leading men in the profession; and the younger members of this Association will live to see him a member of the Academy of Medicine, in spite of his patent.

A gentleman in a neighboring State invents a pessary of great value. He has spent fifteen years in working it out. He has spent a large amount of money in perfecting it. He is poor and in bad health from a dissection wound received five years ago. He writes to me to ask what he is to do to reap some reward for his time and labor. We say, by our Code, that he must make a gift of his invention to the profession. But he can only give it to the instrument-maker, and not to the profession. His only course is to quit the ranks of a liberal profession, and enter those of honest manufacturers, and then supply us with his instruments from his own factory. Out of the profession, he is out of its jurisdiction.

The Code of Ethics is violated every day, either willfully or ignorantly, not only by the rank and file, but by men high in the profession, men who are considered leaders, advanced thinkers, and workers.

How many of you prescribe chlorodyne, which is almost a specific in choleroid affections? and yet it is a secret remedy. Who among you has never prescribed McMunn's elixir of opium? It too is a secret remedy. Even Henry's calcined magnesia is made by a secret process. The tolu anodyne is daily prescribed in New York and New England by hundreds of leading physicians, and it is but another name for a preparation of cannabis indica. The prescription of all such remedies is a flagrant violation of our Code of Ethics. But we seem to condone the act, because usage and interest justify it.

There is not a man within the sound of my voice who cannot call to mind some violation of the letter or spirit of the Code of Ethics, that has occurred under his own immediate observation. Indeed, when we speak of violating the spirit of the Code, we may all as one man cry out, "He that is without sin among you, let him first cast a stone."

Several medical gentlemen, notably in New York, Philadelphia, Baltimore, and elsewhere, have lately rendered the greatest service to the profession and to humanity by furnishing us with animal vaccine virus. As they are engaged in a commercial speculation in the virus, and as they resort to conspicuous advertisements of it, they are plainly acting in opposition to both the letter and the spirit of our Code of Ethics. But where is the man among us who is such an idiot, so dead to all sense of honor and right, as to charge these noble philanthropists with base purposes? Thus we see that the Code is of necessity a dead letter the moment it comes in collision with the duty and interests of the profession at large. The introduction of bovine virus brings about a revolution in vaccination that affects not only the usefulness of the medical profession, but the safety of every man, woman and child living, and the welfare of future generations. How absurd, then, would it be, if its universal beneficence could be cramped by the silly legislation of a generation and a time when human virus, with all its defects, and all its dangers, was the only known means of vaccination! Here common sense and common interests have, silently, almost imperceptibly, established a higher law that overrides the Code and leaves it inert.

But there is another stand-point from which to view our Code. Did it ever occur to any of you that it is capable of being used as an engine of torture and oppression?—that men jealously, maliciously, intent upon persecuting a fellow member, may distort the meaning of the Code to suit their malign purposes, thus entering into a regular conspiracy to blacken character, and that under the sanctity of the Code's provisions?

Illustrations of this are not wanting, and I could give you some astounding details. But in mercy to you, and in pity for the poor poltroons who, in the name of virtue, could so prostitute themselves to vicious acts, I spare you the recital. I have said, perhaps, too much on this theme; certainly enough to put you to thinking. This is the first time that the validity, the constitutionality, of the Code has been openly called in question. But every thinking man here, with a particle of self-respect and self-reliance, has at times felt an

inward protest against its unequal operation. I do not ask you to appoint a committee on the Code. Let it stand as it is. Honorable men do not need its protection. Dishonest men are not influenced by its edicts. We must educate the profession up to the recognition of a higher law, the unwritten code regulating intercourse between gentlemen. This is the code that governs in England and France. The man that violates it is by common consent dropped out, ignored, and allowed to vegetate in isolation.

The time will come (but not yet) when your organic laws, like the constitution of our country, will require modifications and amendments to suit a higher intelligence, a broader education and a greater destiny.

Remember, that when our Code was adopted we had no telegraph, no ocean steam navigation, but few railroads; the profession was not educated up to its present level, and the press was not the organized power in the land that it is to-day. Modern thought and modern progress, keeping pace with the physical development of the age, will never be content with the slow movement of olden times.

State Medicine and Public Hygiene.

* * * * * * * * *

Already nine States have organized State Boards of Health:—

Massachusetts	in	1869
Louisiana	"	1870
California	"	1870
Virginia	"	1872
Minnesota	"	1873
Michigan	"	1873
Maryland	"	1874
Georgia	"	1875
Alabama	"	1875

Of these, only four belong to the original thirteen States.

How strange to see the young sister, California, taking the lead of the great States of New York and Pennsylvania! Massachusetts has often led New York and Pennsylvania in political matters, and she leads them now in the more important matter of the formation of a State board of health.

Let us hope that the wise counsels of the American Medical Association may soon universally prevail in the several States, and that we shall, at no distant day, see them all falling into line, with State boards of health, ready for mutual coöperation in the great work before them.

When this is done, I shall expect to see one of the most terrible scourges of the human race, now wholly ignored by boards of health, brought at once under control, and eventually stamped out from among us.

Boards of health should take cognizance of, and have control of, any and every focus of infectious disease, call it by what name you may.

Has it a habitat? Can it be broken up? Has it the power of transmission from one to another? Can its transmissibility be arrested? Then it is the bounden duty of State medicine, with its organized health boards, to search out its abode, to take charge of and heal those already diseased, to prevent the spread of the infection to the well, and thus to eradicate the poison of contamination.

The board of health that fails in this fails in the great object of its organization. And this brings me to a subject that I wish to press upon your consideration.

Professor Gross delivered the Address in Surgery at the Detroit meeting in 1874, and took "Syphilis" as his subject. This address, like everything that emanates from his prolific brain, was complete and exhaustive. Viewing the subject from every possible stand-point, he had the courage to recommend legislation to restrain the spread of syphilis.

A committee was appointed, with Dr. Gross as chairman, to report on the subject at the next meeting. This committee reported at Louisville (1875), and recommended partial legislation on the subject. The whole subject was referred back to the committee for a furthur report to be made at this meeting.

I would not infringe upon the duties of this committee, but I hold views on this subject that I wish to state broadly before the Association. No grander theme could possibly engage the attention of the profession at large. Whatever good is to be accomplished in this matter must emanate from us, and be carried forward by us. It is wholly unnecessary for me to use any argument to prove to you the importance of the subject. This has been already done by Professor Gross.

The subject of syphilis is rarely mentioned in polite circles, even by medical men, and then only in whispers. It is our duty to enlighten the public upon all questions of public health, and particularly upon this one. Indulge me then for a short time, while I say a few words on this subject—words addressed nominally to

you, but really intended for those behind and around you, who live in darkness and utter ignorance of the dangers that threaten them.

So far as the well-being of the human race is concerned, I look upon the subject of syphilis as the great question of the day. It was formerly a question of treatment, of mercury or no mercury. But that time has passed, and now it is a question of prevention, of eradication, of the protection of the well against the contamination of the sick. In other words, it is no longer a question for the therapeutist, but one for the sanitarian, the philanthropist, the legislator, the statesman. It is one of public hygiene and public health, and, as such, we are bound to meet it. The time has come when we can no longer shut our eyes to its evil influences, and we must deal with it precisely as we deal with other great evils that affect the general health of the people.

If yellow fever threatens to invade our precincts, we take steps to arrest its progress at once. If cholera sounds the alarm, we immediately prepare to defend ourselves against its ravages. If small-pox infests our borders, we circumvent and extinguish it. But a greater scourge than yellow fever, and cholera, and small-pox combined, is quietly installed in our midst, sapping the foundations of society, poisoning the sources of life, rendering existence miserable, and deteriorating the whole human family.

Does any one for a moment think I exaggerate the evil consequences of this dread disease? To the medical profession the truth, as I state it, is well known; but, as I said before, the public at large are ignorant on this subject, and it is our duty to enlighten them, to point out the danger, to show the means of protection, and to lead the way of escape. Let us hear what a few of the most eminent medical men now living say on the subject.

Sir Thomas Watson says: "It counts its victims not only in the ranks of the vicious and self-indulgent, but among virtuous women and innocent children, by hundreds and thousands."

Sir William Jenner says: "I cannot too strongly express my conviction of the gravity of syphilis at the present time. It is one of the most fatal diseases we have in this country. I think it a disease entirely preventable. Children and others suffer largely from it without any act of their own, and I think it ought to be prevented."

Mr. Prescott Hewett also testifies to its ravages among innocent children, and says he knows of no disease more terrible, and that it should be prevented by legislative action.

Mr. Simon (Medical Officer of the Privy Council) said that the infections of the brothel were oftentimes carried into simultaneous or subsequent wedlock, in some cases fixing their obscene brand even on the offspring of such marriages.

Sir James Paget says:—"It would be difficult to overstate the amount of damage that syphilis does to the population," and that "a number of children are born, subject to diseases which render them quite unfit for the work of life." He further said: "We now know that certain diseases of the lungs, the liver and the spleen, are all of syphilitic origin, and that the mortality from syphilis, in its later forms, is every year found to be larger and larger." Sir James Paget further said that he had seen five surgeons die, and fifty others suffer more or less from the infection received from the patients.

The facility with which syphilis is communicated is marvelous. It is often given in a kiss. French medical literature teems with examples of this sort. Prof. Gross has seen many such cases. He saw a young lady who had a hard chancre on the lip contracted by kissing. In a few weeks her blood was completely poisoned; subsequently she married, and in due time she gave birth to a child that died in eight weeks, covered with syphilitic sores on the vulva and nates.

Prof. Gross also tells us that an "endemic of syphilis occurred in Brives, a little town in France, in 1873, fifteen women, nine children and ten men having been affected in rapid succession. Great excitement for a time prevailed, wife accusing husband, and husband wife, of conjugal infidelity, when it was at length ascertained that the cause of all the trouble was a midwife, who had a chancre upon one of her fingers, contracted in the exercise of her profession, and who had thus carried the poison from house to house."

A short time ago a healthy-looking young man obtained a situation in a glass factory in the north of France. A few weeks afterward a dozen or more of the glass-blowers had syphilis in some form or other, and were unable to tell how they got it. But the attending physician soon traced the disease to the new-comer,

who was found to have a syphilitic ulcer in his mouth, and the others were inoculated by using the same blower that he did.

I have known two medical men infected with this disease by patients, while in the discharge of their professional duties. Each had a slight scratch or abrasion of skin on the fingers, and by this channel the poison was carried into the blood. One of them died most horribly in a mad-house, from disease of the meninges of the brain, induced by this accidental syphilization; while the other is still eking out a miserable existence, his whole system being pervaded by the deadly poison. Nurses are frequently infected by children born of parents one of whom (always the father) has had syphilis; and diseased nurses often infect innocent sucking babes, born of perfectly healthy parents. I have known a drunken vagabond husband to contract syphilis in a low brothel, and communicate it to his wife, who unwittingly gave it to her four children, simply by using the same towels and wash-bowl.

The nature of the disease, and the manner of its propagation, were not recognized till eruptions and putrid sores, and ulcerated throats, and agonizing pains, and blindness in two of the children indicated too plainly the unmistakable character of the disease.

Some years ago, a handsome, dashing young fellow captivated the heart of a beautiful and accomplished young girl, the daughter of one of our wealthy merchants. The sensible father opposed the marriage. But the foolish girl would have her own way, and they were married. While on their bridal tour this innocent girl and confiding wife, not seventeen years old, was syphilized by her husband, and her blood was soon poisoned. In due time she became a mother. One of her children had syphilitic eruptions, one lost the bones of the nose, and two others were variously affected with symptoms of a loathsome disease that circulates in their blood, and which will lay the foundation of disease in their offspring, if they should live to have any.

The blood of the loving wife is often poisoned by the seminal fluid of the husband, infected before marriage. I have seen an innocent young wife with the vagina full of venereal warts, only a few weeks after marriage with a man who supposed he had been cured six months before. Many years ago I knew a rich widow who married a man socially beneath her station in life. It was a great grief to her family. But a greater was in store for them. The husband, who seemed vigorous and healthy, had had syphilis a few months before marriage, but thought he was cured. Six months after marriage his wife had syphilitic iritis, and other symptoms of constitutional infection, and she soon became perfectly blind, and in the course of a year she died in the greatest agony, from disease of the membranes of the brain, accompanied by nodes and other symptoms of constitutional syphilis; and yet the husband, who by his kisses and his seminal fluid poisoned his wife's blood, and thus murdered her, had only a slight scaly eruption on the scalp and in the palms of the hands.

I have seen a cook and a chamber-maid with syphilitic ulcers on the fingers. Think for a moment of the danger to innocent people from such a disgusting thing.

Primary syphilitic ulcers are not generally painful. Hence the subjects of them think they are little accidental sores, or abrasions, that will soon get well. These sores often remain stationary for a while, and then heal up. Again they degenerate into a sloughing state, attended with great suffering. But it is when the disease becomes constitutional, invading every part of the system, producing ulcers in the throat, warty vegetations on the vulva and about the verge of the anus, or eruptions on the skin, or thickening of the periosteum, nodes on the long bones or on the os frontis, or disease of the liver, spleen and other digestive organs, or ulceration and loss of the bones of the nose, or blindness and disease of the meninges of the brain, or even softening of the brain; in short, when its ravages are traced in every part of the human frame, then can we realize the nature of this terrible scourge, which begins with lamb-like mildness, and ends with lion-like rage that ruthlessly destroys everything in its way. Skin, mucous membrane, the blood, viscera, bones, brain, all are saturated with a poison which is ineradicable; and death comes at last, a merciful messenger of relief from such a disgusting and wretched existence. I need not add another word to show the loathsomeness of the disease, nor to prove that we are at every turn met with the danger of infection.

Give me a moment to inquire into the relative frequency of this disease in localities where registration brings out reliable statistics.

In the out-patient department of Guy's Hospital 25,800 cases of venereal disease are annually registered in that one institution, being 43 per cent. of the total number of out-patients registered; in the Hospital for Diseases of the Skin, 10 per cent.: in the Throat Hospital, 15½ per cent.; in Moorsfield Hospital for Diseases of the Eye, 20 per cent.; in the Workhouse Infirmary, 10 per cent. Among the poor in London applying for relief at the hospitals there are upward of one hundred thousand annually affected with syphilis in some of its forms. If such a large percentage of British blood is thus poisoned with this loathsome disease, how is it with English-speaking Americans? Our sanitarians will tell you that New York and Philadelphia, Boston and Buffalo, Chicago and St. Louis, Cincinnati and Louisville, New Orleans and Mobile, Savannah and Charleston, Norfolk and Richmond, Baltimore and Washington, are all relatively as rotten as London, Glasgow, Dublin, Liverpool, or any city on the Continent.

And from recent developments it appears that San Francisco is worse off than we are. In an able speech delivered by Senator Sargent, in the United States Senate, on the 1st of May, on the existing treaty between China and this country, he brings forward testimony to show, that of the hundred and fifty thousand Chinese on the Pacific slope, there are not a hundred families, and that ninety-nine hundredths of the Chinese women imported into California are sold and held as slaves, slaves to be used wholly and solely for the purpose of prostitution, and that their presence necessarily breeds moral and physical pestilence.

According to the evidence of Dr. Toland, even boys eight and ten years old have been syphilized by these degraded wretches, who are allowed to openly solicit in the streets, tempting old and young alike.

Shall it be said that we, the representatives of the medical profession of a great nation, the custodians of the health of forty millions of people, cognizant of all these facts, will longer let the people remain in ignorance of the dangers that surround them? No, my friends! We must be up and doing. We must follow in the footsteps of our illustrious leader, Prof. Gross. We must sound the alarm. We must no longer whisper, but we must boldly proclaim the truth, and scatter it broadcast over the length and breadth of the land. We must call to our aid the press, the pulpit, yea, the women of the country. To do all this, we must show the world that we are in earnest. We must here issue our orders, and call upon our State and County Medical Societies to co-operate with us. We must keep the subject not only before the profession, but we must keep it before the people, and we must appeal to legislation to give us the power to blot out this blight from among us.

I have not time to speak of what has been done in France and England for the prevention of the spread of syphilis. Suffice it to say, that the plan adopted there is not the one for us. We want no legislation that looks to licensing prostitution, as in France, and we want no partial legislation, as we find in the "Contagious Diseases Act" of England. We would not outrage religious sentiment by adopting a system of fostering vice; nor should we subject the hardy soldier, even for his own good, to invidious restrictions not imposed upon others in the community. Besides, how absurd would the English system work with us, when we have but a nominal army, and that scattered over the frontier, away from the pale of civilization and its worst vices! Class legislation, in any shape and for any purpose, is distasteful to the people of any country, and especially of ours.

We know that cholera has a home, where it is perpetually generated; that transplanted, it flourishes for a while, then dies out, and seldom reappears, except by fresh importations from its original source of supply. But syphilis, unlike cholera, originating when and where it may, always fixes itself in great populous centres, taking up its abode in the haunts of ignorance, poverty, squalor, filth and vice. From these low conditions of life, it mounts gradually higher and higher, and sometimes to the highest, so that in the end whole communities, so to speak, may become contaminated.

To protect the public against its ravages, we must strike at the root of the evil. We must seek it out in its hot-beds, and circumvent it with such regulations as to prevent its transmission. We must ask for such laws as will confer upon us the power of dealing with this disease which we already possess with regard to cholera and small-pox.

The carriers of trade between nations, and between great commercial centres in the same nation, are the carriers of syphilis. Syphilis is carried from city to city by men, and women

scatter it far and wide in communities. One man may inoculate a half dozen women during the few days his ship lies in port, and these half dozen degraded women may transmit the disease not only to scores of men, but hundreds and thousands may trace their ruined health, directly or indirectly, back to the half dozen women who were infected by one man. We must then manage to get the control of the men who are likely to import the poison, and we must get equal control over the women who will assuredly disseminate it through the community. How is this to be done? is a question that has been asked over and over again, but never answered to the satisfaction of both religionists and philanthropists.

There can be no difference of opinion among us regarding the two following propositions:—

1st. We want a system of sanitary inspection and control that will enable us to prevent the importation of syphilis from abroad.

2d. We want a system of sanitary inspection and control that will enable us to take charge of the subjects of syphilis at home, and prevent them from spreading it through the community.

Every well-organized city government has its Board of Health. This Board has or ought to have the power to protect the public health against all contagious or infectious diseases. It already has the power of quarantining vessels having on board cases of cholera, small-pox or yellow fever. Whenever small-pox is found in a city, the Health Board has the power of dealing with it in the most summary manner, of isolating it, and preventing its spread; in other words, of extinguishing it.

Now what I propose in regard to syphilis, is simply to give to the already existing Boards of Health, in the various cities, the same power over syphilis that they now possess over cholera, small-pox and yellow fever. They now have the power of ferreting out small-pox, and of sending it to hospitals for treatment; and they should have the same power of searching out the abodes of syphilis, and of sending its victims to hospitals for treatment.

On all steamers or sailing vessels, whether foreign or coastwise, entering port, the surgeon of the vessel should be required to make affidavit that he had examined personally every seaman, and every male steerage passenger, on the day preceding their arrival in port, and that there was no case of cholera, small-pox, yellow fever, syphilis, scarlatina, or other infectious disease aboard. If there should be syphilis, then the subjects of it should be taken in charge by the Board of Health, and sent to hospital for treatment, to be retained there till cured, or to be returned to the vessel from which they were taken, whenever said vessel should be ready to sail from port again. If said vessel had no surgeon aboard, then it should devolve upon the quarantine officer to examine every sailor and every steerage passenger, before landing, and to send any and every case of syphilis to hospital for treatment. On all vessels, foreign and coastwise, the quarantine officer should possess the same power of personal inspection and detention.

For stamping out the disease in towns and cities, their Boards of Health must have plenary powers of an absolute character over syphilis, not more so, however, than they now possess over small-pox.

Thus you see that I would simply include syphilis in the great family of contagious or communicable diseases, and make it subject to the same laws and regulations that we already possess for their management.

Do this, and we cannot be accused of licensing vice, or of fostering adulterous intercourse. In cholera and yellow fever, and in small-pox and syphilis, we recognize cruel and fatal diseases, easily communicable, each attacking the human family in its own peculiar deadly way; and we propose to deal with them all in the same manner, taking the surest, safest, and quickest method of protecting the community against their pestiferous presence, and of preventing their spread among the well.

Now let me show you how easy it will be to do all this in the great city of New York, and if practicable there, it will certainly be more so in other places.

The passage of the Metropolitan Health Law was accomplished after years of agitation, not unlike that which occurred in England preceding the enactment of the sanitary laws which now give to that country pre-eminence in the care of the public health.

The Metropolitan law, though modeled after the English, is much more perfect in its details. It invests authorities with arbitrary powers to meet every emergency when the public health is in peril, and yet it fully protects the public from any abuse of those powers.

For example, the Health Board may declare

any matter or thing a nuisance, detrimental to health and dangerous to life, but the person proceeded against may demand a hearing before a referee, and bring evidence to prove that the matter complained of is not a nuisance. Then the case receives careful consideration by experts, and the final action of the Board is governed by the decision of the referee. The Metropolitan law was passed in 1866, and immediately after the organization of the Board cholera made its appearance in New York.

In all former epidemics this pestilence ravaged the city without "let or hindrance." Now it was met at the very outset with organized resistance, and never attained the proportion of even the mildest epidemic.

The plan adopted to control it was perfect in all its details.

Acting upon the belief that cholera is a communicable disease from the sick to the well, by a contagium, the rule in every case was to isolate the patient, and destroy the excreta immediately. A well-organized corps of men, trained to handle the sick and use disinfectants, was in waiting night and day to attend at once upon every reported case.

The cases were reported by telegraph, and frequently patients seized with cholera were in charge of these sanitary officials within an hour after the attack, and every precaution taken to prevent the spread of the disease.

So effectually was this work done, that scarcely a second case occurred in the same family.

In the same manner, the Board, acting upon the same principle, stamped out relapsing fever and small-pox; the sound sanitary principle underlying its action being, that *contagious diseases can be controlled by isolation of the sick, and the destruction of contagia.*

So much for the efficiency of a board of health that knows its duty, and, having the legal power, dares to do it.

But how are we to bring syphilis under such easy subjection as we have cholera and small-pox? It is the simplest thing in the world. I have told you that the Metropolitan Board of Health possesses arbitrary powers over these, and all we have to do is to get the Legislature to amend the "Act creating a Metropolitan Board of Health," so as to give it the same arbitrary power over the subjects of syphilis that it has over other contagious diseases.

The thing is so simple, so self-evident, that I only wonder it was not done long ago. It requires no complex legislation, no cumbrous machinery, no irksome detail. In the Metropolitan Health Board we find everything already prepared for engrafting this amendment upon its organic laws.

Let us here pledge ourselves never to relax our efforts till we accomplish this great and good work.

I have detained you too long. My apology must be found in the nature and importance of the subjects I have been pressing upon your attention.

Gentlemen, I thank you from the bottom of my heart for the patience with which you have heard me.

And now, feeling most sensibly my unfitness for presiding over your deliberations, I appeal to your generosity for that coöperation and indulgence that any of you would surely receive from me if we could only change places.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF PROFESSOR HARRISON ALLEN, M. D., April 5th, 1876.

Syphilitic Condylomata.

Case I.—This is a case so obscure that I have given a guarded opinion of it. It is an extremely rare one. Upon the upper lip of our patient, and extending from the muco-cutaneous juncture up to and on to the septum navium, you see a papillary growth, about two inches wide at its base, and coming almost to a point at the tip of the nose. Hairs are seen growing through it. As the man stoutly denies a syphilitic history, we think of epithelioma, the more so as we find here in the neck an enlarged and indurated lymphatic gland. Then we think of sycosis; but we find no pustules, and he says there have been none.

On examining very carefully we find the surface of the growth moist, except in the part which is dried by the air passing over it during respiration; and we look further to see if a diagnosis of syphilitic condyloma (or wart) can be corroborated. Above the elbows we find the enlarged gland, to which Ricord attaches so much significance. On the penis we find the remains of an old ulcer. In the groin we find no enlarged glands.

Reviewing the symptoms, I have concluded to call this a case of syphilitic condyloma, and shall treat it accordingly. Our therapeutics may thus aid and confirm our diagnosis. He will be given opii, gr. ⅛, with hydrarg., gr. ¼, twice a day. Every night an inunction of

ung. hydrarg.; and to the patch iodoform will be applied.

April 8th. The gums were slightly affected. The condyloma looked better, and seemed a little smaller. An application of chromic acid was made.

Note.—A month later, after a renewed application of chromic acid, and constant use of, first, iodoform ointment, and later, bismuth powder, the growth had almost entirely disappeared.

Syphiloderm.

Case II.—The story of this man is plain and well marked. He frankly acknowledges the initial lesion nine months ago, and says he had a bubo as large as a potato. He now has a skin disease. Here are patches covered with tenacious epithelium, piled up. You might think it very easy to say what this is, but it is very hard. That is to say what form of syphiloderm he has. Here is an annular staining, with what I will call a lagoon of scales around it. If on removing these I get pus it will prove to be ecthyma; if we find an ulcer, it will be called ulcerative syphiloderm. It is the former, because we find pus. Upon the nose we find honeycombed crusts, which cover the same trouble in the ulcerative form. On the two ears we find symmetrical patches, on precisely similar points.

Here, then, we have a case exhibiting three varieties of syphilitic skin disease. On the body it is desquamative, on the face pustular, and on the nose ulcerative.

The treatment will be the ordinary treatment of secondary syphilis.

Synovitis.

This case has come under notice within a day or two, though he has been in the house for a longer period. His history gives no explanation of the cause of the trouble so apparent at his knee, and it can only be attributed to a constitutional disease exhibiting itself here. There has been no traumatic excitant, so far as we can learn. You see here a marked swelling. The foot is turned outward and the leg somewhat flexed. Such is the position which affords to the joint the largest capacity, and which you will find assumed where there is an effusion within it. Upon inquiry we learn that there is a point on the inside of the knee where he feels most pain. The reason for which is, I think, that at this point the lateral ligament is under the greatest tension. For the relief of his pain the limb is straightened and extended, and will be kept so while he is treated constitutionally; and we hope to effect the removal of the fluid by resolution. Should this not occur, we shall draw the fluid off, lest it undergo degeneration and cause caries of the articular surfaces, with the danger of pyæmia and other disturbances incident to suppurative diseases of the large joints.

April 5th, 1876. The case you saw two weeks ago did well until within three days, since which it has not progressed as favorably as we hoped. There has been a tendency to emaciation, with jactitation and night sweats, and a recurrence of the pain in the limb. It seems useless to wait longer for the effusion to be absorbed, and I must now remove it by artificial means.

The instrument best adapted to this purpose is that known as the aspirator, and I prefer that form which is composed of a bottle from which the air can be exhausted, and which can be put into communication with the aspirating needle.

The risks of aspirating joints are very small, so small as to be almost nil. In about three thousand recorded cases there have been only two accidents, and these could be attributed to the simple traumatism, as we know there is danger in the slightest wound. In the recent essay of Mr. Paget on "The Calamities of Surgery," it is surprising to see how very slight may be the excuse for a disaster. But, since the history of aspiration is as I have stated it, we shall go forward without dread of adding any danger to that in which this man already is. He is threatened very seriously by the existence of pus in this joint, and his present condition warns us that no time must be lost in removing as much of it as we can. We insert the needle, as is recommended, on the inner aspect of the joint, and, with difficulty, succeed in removing about a fluid ounce of a very viscid, tenacious and purulent material. This has come very slowly, and only after being satisfied that no more will come do we withdraw the needle, apply a piece of adhesive plaster, support the limb, and send him back to his ward.

Hospitalismus.

In going round the wards the other day I found in a corner this patient, who is an example of what has been called Hospitalismus. Such cases often get into eddies, out of the general current, where they attract little attention; so that, at times, interesting conditions are found post-mortem, and we have the mortifying regret that we had not discovered and studied them before.

This case might have been such an one, for these patients do not complain much, nor care much to be cured. Like convicts of whom we have heard, who, when set free, refused to accept their liberty.

But now we shall investigate his case. He is over sixty years old, and I am told by my resident that he has a "bladder trouble." Bladder troubles are always worthy of close study. Also that the urine is thick and purulent. Next I ask how often he makes water at night, to which he replies eight or nine times last night. Sir Henry Thompson lays it down as a rule that the first question you should ask a patient who complains about his urinary apparatus is the one you have just heard.

Any cystic inflammation will make itself known first at night, in most cases. Pursuing the examination, we look at the parts and

find in the perineum what I am told is "a little abscess." Now you see how much interest is possessed by this case, which has long been passed by. We cannot to-day go fully into it, but let us examine the urethra. In doing this for the first time, always use a very flexible rubber instrument, such as I have here, a French one, that can be tied in a knot without injury to it. Choose one also of large size at first. If it does not pass, as happens now, take a smaller; that failing, try a different pattern; for I think there is no trouble in which it is so important to have a variety of instruments. A man who has this will often be successful where another with less has utterly failed. I will attempt to pass an instrument which has often done me good service, one which is flexible but having a hard end. But I shall not push my attempts far. I find here a stricture, which I do not care to provoke too much. Remember we do not aim to satisfy curiosity, but to do good. Where we hope the latter we are justified in incurring risk, but not unless good seems probable. On this account, having found that I am not defeated by an enlarged prostate, I will send him back to the ward and defer further efforts to another time.

Fracture of the Radius, with Erysipelas.

We have here a very rare and interesting specimen—a radius recently fractured at its lower extremity. The patient from whom it came was an old woman, who two weeks ago fell and snapped this bone. You see how thin are its walls, and that it is made up entirely of fat, so that it had no strength. Such a condition exists in all old persons, and slight blows or strains suffice to fracture bones that in earlier life resist severe ones.

That we have the opportunity of demonstrating this interesting fact is due to another, equally interesting. Soon after the injury there came on a rare form of erysipelas, which has been called "œdematous erysipelas" by Lawrence, of England. More recent authorities describe it as simply an erysipelas of the connective tissue. It has all the signs of the ordinary disease, local and constitutional, except redness. The swelling was white and boggy, and there were angry streaks up the arm, with a certain amount of suppuration, and all constitutional signs of erysipelas, of which she died yesterday.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SECTION ON PRACTICE OF MEDICINE, MATERIA MEDICA AND PHYSIOLOGY.

Dr. N. S. Davis' report on "The Necessity for Coincident Clinical and Meteorological Observations" was made briefly, in his absence. He had enlisted a number of gentlemen in the work of observation and recording the date of the commencement of acute diseases, in Chicago, Milwaukee, Detroit, Omaha, Davenport, St. Louis and Cairo. Valuable reports had been made by these observers. He had found it impracticable, at present, to make a full report. He hoped to have a very complete record ready for next year.

On motion, the committee was continued, and its report referred for publication.

Dr. F. H. Davis, of Illinois, read a paper on "Liebig's Extract of Malt, and its Chemical Composition, Manufacture, and Therapeutical Uses."

Dr. Toner, D. C., thought it very important to have a tonic which would omit alcohol, and yet meet the indications pointed out in the paper. He moved that the paper be referred to the Committee of Publication. Adopted.

Dr. Squibb, of New York, thought the formula a very intelligible one. Glucose is the article which gives nutrition here. The Germans think it not so. Diastase is the element which changes in the glucose. Diastase is a very changeable substance, and is easily affected by heat and cold. It is very uncertain. No grand scheme of medication can ever be accomplished with so variable a substance as diastase.

Dr. Palmer, of Michigan—It frequently becomes muddy, especially in warm weather. He was much pleased with the paper, and with its general tone. He believed, also, that in the early stages of pulmonary trouble the best rule is to follow common-sense principles, and not keep a man half drunk. He knew of no treatment so bad. He had seen very many cases of consumption in drinking men. He had used this malt extract to some extent. He favored quinine and opium, on rational principles.

Dr. Angear, of Iowa—We want something to aid in the formation of cells, to repair the great waste; and if we can get this from the malt, well. All will agree that consumption is primarily a disease of the lungs; a derangement of nutrition, either in the stomach, blood, or tissues, or food assimilation and appropriation. Hence, we must build up tissues.

Dr. Davis—With a little care, the malt may be made in a common cook stove. The materials are within the reach of nearly all, especially in a large city. The article should be used when fresh, and thus the diastase has less chance to change.

Dr. Squibb—I have known some to use malt itself, with good effect. I would suggest that it could be used with the same result. It might be rendered acceptable to the stomach, and thus bring it within the reach of every one's control.

Dr. Davis—This is a new idea.

Dr. Joynes, of Virginia—Would it not be a positive advantage to have present a little alcohol, thus preventing a change?

Dr. Squibb—It would be very difficult to make the proportion of alcohol. He would doubt whether alcohol should be added.

Dr. Angear had at first seen good, but subsequently failed with the extract of malt. He would again try it, but see that it was freshly

made. He would ask Dr. Squibb the proportion of wine to be used with pepsin.

Dr. Squibb believed each should make his own pepsin. Take a freshly-slaughtered pig's stomach, wash it in a little water, to separate the mucus from the blood, chop it up with an ordinary knife, or bruise it, which is just as well, put it in a bottle, and cover it with wine, two pints to one stomach. The wine should not contain over seven or eight per cent. of alcohol. Malaga wine is best. Sherry must be diluted one-half with water. If there is too much alcohol in the pepsin, it will not act in the human stomach. It is not the quantity wanted, but the action; as in making bread, a small portion of leaven acts as well as a large quantity.

Dr. Ulrich, of Pennsylvania, had not been so fortunate with malt as Dr. Davis. He had ceased its use. We must change the circumstances under which the patient lives, or we cannot do much good to these cases. Give sunlight and fresh air. The want of these is what poisons them.

SECOND DAY.

Dr. Caldwell, of Maryland, asked attention to the use of bromide of potassium and belladonna in pertussis, fifteen grains to two or four grains. This is dissolved in water and used with the spray producer, so as to cause its inhalation by the sufferer.

Dr. Yandell, of Kentucky, spoke of the unsatisfactory treatment of the neuroses. He thought very highly of belladonna and sulphate of zinc, and classed them as specifics. It is so often associated with malaria, that quinine is valuable.

Dr. Ulrich alluded to vaccination as a remedy. In the few cases he had encountered and tried it, he had seen signal service to result.

Dr. Donohue, of Ohio, had used vaccination for years, and with the most signal service.

Dr. Ulrich would vaccinate, even if the child had already been vaccinated.

Dr. ———, of Kentucky, regarded it as a counter-irritant. In one severe case, where all else had failed, he vaccinated, and the cough soon disappeared.

Dr. Yandell thought it useless. It was but using garlic to disguise the smell of onions.

Dr. L. D. Bulkley, of New York, read a paper on the "Use of Arsenic in Diseases of the Skin." It was, on motion, referred to the Committee of Publication.

Dr. Yandell felt that we were much in the dark as to the action of many articles of the materia medica. He believed arsenic was a tonic alterative, and should be combined with iron. His attention had been called to malaria as a cause of cutaneous affections. He had seen this in several places, both at home and abroad, wherever there was stagnant water. Arsenic, we all know, produces whiteness or clearness of the skin, and smoothness, just as it does swelling of the eyes. He was surprised at the enormous doses of Dr. Bulkley.

Dr. Octerloney, of Kentucky, would not have the danger of arsenic overestimated. In some countries arsenic is habitually eaten, and in large doses, by the natives. They enjoy good health, and are actually long-lived. He would not attribute so much to malaria as Dr. Yandell.

Dr. Duer, of Philadelphia, alluded to the large doses of arsenic. Dr. Wilson and Dr. Hand have both given large doses, and with much benefit. But he (Dr. Duer) had never used large doses. We get the good results from small doses. Why give larger? He rarely gave arsenic to children.

Dr. Angear—Have we any evidence that arsenic will contract the blood-vessels? There is a large amount of blood, and it becomes stagnant, and thus produces cutaneous derangement. We of the West doubt the belief that malaria causes cutaneous diseases.

Dr. —— alluded to the people of Styria, etc., who took large doses of arsenic, and apparently with good effects.

THIRD DAY.

Dr. Squibb, of New York, was called on for some remarks on the Pharmacopœia and its revision in 1880. He then detailed the plan, since 1820, by which it was revised every ten years. The men who have for years done this work are now laid on the shelf. Dr. Wood is past working, Dr. Bache is dead, Dr. Carson has retired, and he feared that it would go by default over to the commercial interests. This Association has never officially recognized the Pharmaceutical Association, and *vice versâ*. He thought the two should affiliate on this important interest. His plan was that the President of each body, and the Surgeon-general of the Army, and of the Navy, should be constituted an appointing board, and that this board should appoint two or more men, to constitute the Pharmaceutical Council. Thus, if the army and navy each select a man, each of the associations one, and the two presidents select two others, prominent in the materia medica, etc., we should have eight good men, to which council might be entrusted the entire interests of the Pharmacopœia of the United States. He would propose that this council should be directly under the leadership of the American Medical Association, and employ two editors, one on the materia medica, and one on the pharmacopœia list. The council should meet every two or three months, and go over the work, and decide what was best. When completed it should be passed as the work of this council, etc. He could not see why this would not work.

Dr. Squibb was requested to present his views, with his preamble and resolution, to the main body of the Association, and the section requested the Association to make it the special order for 11 o'clock, that Dr. Squibb might have an opportunity of giving his points to the Association.

Dr. Rogers read a paper on cholera, as follows:—

"Cholera is of spontaneous origin. It is one of the neuroses. The nerves fail to perform their duty, and hence the want of pain. Vomiting is simply regurgitation. The cramps are of purely nervous origin.

"It is not contagious. It is portable. Quarantine and disinfection are useless as prophylactics. In the treatment, time is of great importance. Opium heads the list of remedies. The acetate of morphia acts quickly, especially hypodermically. It need not be used heroically. The fourth to the sixth of a grain, repeated as necessary. To relieve the brain, enfeebled by the loss of serum of the blood, elevate the body, so that the head will be lowest and kept full of blood by gravitation. This also aids in checking the bowels, as the fluids act on the sphincter to provoke catharsis. The erect position must be interdicted. Ice must be given freely, to relieve the stomach. Circulation must be promoted by heat, friction, etc. Camphor, capsicum, the mineral acids, etc., should be used, principally in the earlier and later stages.

"The morphia may be used by blistering the surface with a lighted match, etc., and spreading it over the spot, or it may be blown into the air passages with good effects. Fever is rarely present. The fever of reaction may be met by opium, nitre, chlorate of potassa, etc.

"Alimentation and internal stimulants may be employed as demanded, by the stomach or enemata. Never despair. Recovery occurs even when all hope has fled." He quoted several cases to illustrate his views.

Dr. Foster, Ky., directed the members to the point where there is no pain, though full discharges are constant. He had seen three epidemics. The patients must be kept perfectly quiet until they are quite restored. This is the difficulty. Patients will not believe, as they have no pain, that they are in any danger, and will walk out though having eight to ten passages a day.

Dr. Caldwell, Md., regarded isolation as important, and hence the value of quarantine.

Dr. Ulrich regarded it as one of the neuroses. He mentioned an instance, where Dr. Cartwright had cut short a terrible epidemic, every case dying, by simply taking the people out into the woods, with only a blanket, a skillet, and a cup to drink from. Not another case occurred. This shows the influence of the mind upon a nervous disease.

Dr. Rogers mentioned some cases. One, a man nearly dead, had his body placed with the feet elevated, and morphia was given hypodermically. He improved and did well.

The paper was then referred to the Committee of Publication.

The Section adjourned.

Editorial Department.

Periscope.

Chloral in Parturition and Infantile Convulsions.

This spring, according to the *Union Médicale*, Dr. Polaillon stated at the Société de Médecine de Paris, that he had made trial of chloral in eighteen obstetrical cases, administering it as an enema in doses of thirty or forty-five grains, dissolved in half an ounce of water or milk. According to the effect produced, or whether the whole was retained or not, a second enema was given at the end of an hour, and sometimes even a third. The quantity of chloral thus given varied from thirty to 120 grains; but the mean amount really absorbed did not exceed, on account of the rejection of a portion of the enemata, sixty or seventy-five grains. In all the cases it was given during the later hours of the period of dilatation, or during the expulsive period, and was habitually well borne. In some of the women the contractions were obviously less painful, without diminution of their frequency or energy, the labor terminating in the usual time; but in a somewhat larger number the uterine action was arrested, as well as the pains, the presentation remaining in the pelvis or at the vulva, so that in five cases out of the eighteen delivery had to be terminated with the forceps. In M. Polaillon's opinion, while chloral may be employed with advantage for assuaging excessive excitability of the uterus, or for the relief of pains produced by too violent contractions, it ought to be rejected in normal accouchements.

The same observer also added that, encouraged by the benefit he had derived from chloral in puerperal convulsions, he had in two cases administered it with success to children as an enema (three grains in five drachms of water). Calm sleep and a cessation of the convulsions followed, and a similar enema given twenty-fours later completed the cure. M. de St. Germain believed chloral an eminently useful remedy in convulsive diseases, and related a case in which he had given it by the mouth to a child fourteen years old, the subject of tetanus, in doses increasing from three to twelve grammes per diem, the patient recovering on the seventeenth day. M. Blondeau had, with Trousseau, kept a child ten years of age under the influence of chloroform for twelve hours with success. M. Lolliot also prefers chloro-

form, and had kept a child three months of age under its influence during twenty-four hours. M. Lunier, in a case in which bromide of potassium had been without effect, found that chloral arrested both the convulsions and the accompanying fever. He thinks that, carefully employed, it is preferable to chloroform, but that we must be cautious in giving large doses.

The Lead Line of the Gums.

Some further facts on this diagnostic mark were communicated last month to the Royal Medical and Chirurgical Society, in a paper by Dr. C. Hilton Fagge:—

The author had in two cases investigated the microscopical characters of the gingival tissues when affected with the lead-line. He found that the discoloration was not uniform, but was distributed in the form of rounded loops, corresponding with the vascular papillæ of the mucous membrane. Under a higher power, the pigment was seen to consist of granules, some of which were deposited in the interior of the smallest blood-vessels, others immediately outside them. Mr. Tomes' hypothesis was that the pigment was a sulphuret of lead; and that the sulphuretted hydrogen which formed it was derived from decomposing animal matters which had been retained in the tartar or between the teeth. The author pointed out that the gas must diffuse itself into the textures of the gum and combine with the lead, as it was actually circulating in the blood, or contained in the plasma which was for the nourishment of the textures. The pigment was thus a precipitate from the blood. This view explained the fact that a characteristic line in the gums was sometimes seen in those who had not shown symptoms of lead-poisoning. When occurring under such circumstances, it had been supposed by certain writers to have been caused by the presence of some other metal, such as bismuth. The author thought that it depended on the very minute quantity of lead which had in such cases gained entrance into the body. Another point explicable upon the author's theory of the lead-line was, that the administration of iodide of potassium sometimes brought it out, when it had before been absent, and after the individual had ceased to be exposed to the poison. It also followed that the line must be wanting in those who kept the teeth very clean. Lastly, it seemed probable that the sulphide of lead must be deposited in the intestinal mucous membrane, likewise under the influence of the sulphuretted hydrogen contained in the bowels.

Stammering a Hereditary Defect.

Dr. Coen, in the *Wiener Med. Zeitung*, states that Schulthess, Colombat, Rosenthal, and others, have amply proved that stammering may be a family defect (especially on the mother's side), and may also be acquired through voluntary or involuntary imitation. Speaking of his own experience, Dr. Coen states that among fifty carefully observed cases, he found that in nine the stammering was due to the above causes, viz.: in five to heredity, and in four to imitation. According to his observations, confirmed also by the statements of Colombat, stammering thus produced is of a less favorable prognosis, while its treatment is more difficult and more prolonged, so that recovery is only to be expected when the cases are treated with unusual energy. A rational prophylaxis is of the greatest importance in children inclined to stammer, and details on this will be given in the forthcoming work.

In illustration, Dr. Coen relates one of the five hereditary cases he met with. A boy, ten years old, was brought to him with excessive stammer, having always been on the increase from the commencement. His mother stammered until her eighteenth year, and now, in her thirty-seventh year, she does not speak quite freely. Her parents were free from stammer, but among their five children a brother as well as herself suffered from it. Moreover, the mother of the boy had an aunt (forty-two years of age) and two uncles (forty-six and fifty-seven years of age) who both stammered from their youth. The mother of an aunt of this woman also stammered. Both the boy and his mother, as well as his sister, were scrofulous, whereas the father had died in a good state of health, and did not stammer. Here, therefore, was a striking example of the heredity of stammering, in which the affection could be traced through four generations, affecting several members of the family. It is also of importance to observe that it arose on the mother's side.

Pathological Fractures.

Under this name, Professor Broca, as we learn from the London *Medical Times*, designates what are improperly called "spontaneous" fractures, in which there is no proportion between the cause and effects produced, and whose production can only be explained by admitting a preceding diseased condition of the bones concerned. A boy, fourteen years of age, was recently in Professor Broca's ward, who had been the subject of white swelling for twelve years. Two years since, he fractured the tibia at its upper third, no displacement being produced. In these fractures, in fact, the fragments usually remain *in situ;* and another circumstance which characterizes them is the great difficulty with which their consolidation is effected. In this boy, after some months the fracture was supposed to be consolidated, but fourteen months after its first production it was again produced at the same part. There had been no external violence or traumatic cause to explain the occurrence, the child on both occasions having fractured the bone while walking in the room. The true cause of the fracture was the predisposition induced by a special pathological condition of the bone, which had become the seat of rarefied

osteitis, in which there simultaneously occur a "denutrition" of the osseous elements, and a great development of the vascular element. These osteites generally occur in young subjects suffering from white swelling, and principally affect bones situated below the tumor. In some cases, however, the osteitis occurs above this, an example of which was shown in a woman forty-five years of age, who, when sixteen years old, had a white swelling. She recently fell down and fractured the femur, without any displacement or riding of the fragments taking place, but with an immense effusion of blood, which greatly distended the thigh, and which was certainly furnished by the fragments of the femur affected with this form of osteitis, in which the rarefied osseous tissue is very vascular—a frequent complication of these "pathological" fractures.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. J. W. C. O'Neal has published, by request, a brief pamphlet on the Gettysburg Katalysine Water. We observe he continues to depend on the imperfect analysis of Professor Mayer, who claimed to have found lithia in this water. If the persons interested in urging it upon the public as a therapeutic means expect to deserve the respect and confidence of the profession, they will have a new analysis made, by competent hands, determining the exact quantity of lithia, if any, in the waters. Till this is done, skepticism is in order.

BOOK NOTICES.

Transactions of the Iowa State Medical Society, for the years 1872 to 1876, inclusive. Published by the Society. Ottumwa, Iowa, 1876. 8vo, pp. 224.

The Iowa State Society has been in existence a quarter of a century, and during that period has maintained a creditably active spirit of professional honor among its members, as well as incited a beneficial competition in study and observation.

The present volume testifies to both these statements. We learn from one of its early pages that when a possibly somewhat eccentric member read before the Association a paper maintaining that physicians should advertise for patients in the newspapers, as other business men do for customers, the Society passed forthwith a resolution expressing their "unqualified condemnation" of these sentiments.

As for scientific observations, the volume contains a number worthy of mention. But rather than give a list of them all, we shall speak of but a few, those which have interested us most.

The first of these is a report on adenia, by Dr. N. A. Drake, of Ossean. He describes several cases of this singular and obscure complaint, sometimes called Hodgkin's disease, the characteristic feature of which is progressive hypertrophy of the lymphatic glands. The prognosis is always most unfavorable, and both Dr. Drake's cases died. The etiology of the disease is still obscure. Dr. Drake does not say whether he inquired into a possible syphilitic taint.

The effects of mercurials were studied by Dr. J. J. Angear, but altogether from his library, not from his practice, nor from experiments. Such marshaling of various opinions is not amiss, but is always more desirable when the author does so to illustrate his own original studies.

"Cerebral Exhaustion" is the important subject treated by Dr. W. W. Grant, of Davenport. Several cases are instanced, and his very sensible conclusion is, that it is not hard work which is at the root of these disorders, so much as it is work under unfavorable and generally unnecessary conditions. Two pointed examples of this have come under our own notice recently. Both were young and ambitious professional men, one a lawyer, the other a physician. Both became alarmed at a growing difficulty of intellectual labor, early weariness, fullness and pain in the head, and inability to study; anxiety, restlessness and sleeplessnes naturally followed. And what was the simple cause of it all? In both cases the same—a slight amount of *astigmatism*, wholly unsuspected. This single unfavorable condition, easily corrected, had led them and their friends to fear an early mental break-down.

The *Transactions* quote a city ordinance, adopted in various Iowa cities, which is said to be successful in regulating "medical Tramps." It obliges them to pay to the city clerk a certain number of dollars each day during their stay. The suggestion is a good one, and deserves general imitation.

THE

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PRESIDENT SIMS' ADDRESS.

The address of Dr. J. Marion Sims, leading extracts from which are given in this number, is bold and timely. The two topics on which he especially comments are the Code of Ethics and the sanitary control of syphilis.

The points he makes against the former are principally in regard to its prohibitions of patenting surgical instruments and dispensing remedies, the preparation of which is a business secret.

With the first of these criticisms we heartily coincide. It has been demonstrated over and over again that the surgeon who patents a valuable surgical invention, so far from restricting its use by this act, very considerably enlarges it, for it is much more to the interest of the manufacturer to bring it prominently before the profession than if it is not patented. Moreover, such an instrument is not offered to persons ignorant of its uses, or incapable of forming an estimate of its value, but solely to those who are or are supposed to be fully equal to forming an independent judgment of its merits.

There is no reason why a patented instrument should bear an extravagant price, and they rarely do. If the demand is large, other similar instruments are devised, and by competition the inventive faculties are stimulated and the prices kept down. If the demand is limited, then it is sure to be much more so if any excessive cost is laid on the device.

The prejudice against surgical patents was honorable in those who framed the Code of Ethics, but it arose from an ignorance of the practical workings of business, and a prejudice which experience has shown to be baseless. Recognizing that such is the case, it is well that the President of the American Medical Association steps forward, and, while recommending us to honor the spirit which dictated the article in question (*Code*, Art. 1, § 4), advises us rather to let this spirit keep our better sentiments alive than, by slavish adherence to the letter, kill them.

His words in regard to what the Code calls "secret *nostrums*" require to be more carefully weighed. There is a broad and it seems to us a just distinction between a remedy the ingredients of which are unknown, and one which makes no concealment of this kind, but claims a superiority owing to special care in the selection of its constituents or unusual facilities, experience or skill in their compounding. "Schenck's pills," for example, are a secret nostrum; the proprietor does not disclose their composition. So Helmick's Damiana Extract is a secret nostrum: while its proprietor alleges it is prepared from an herb so called, he refuses to give its habitat or origin, thus endeavoring to prevent all verification of his assertion. Such nostrums it is derogatory for any physician to sell or employ.

But Dr. Sims is careful not to refer to these. He would certainly disapprove of their use. What he does mention with implied sanction are a certain maker's calcined magnesia and

another's extract of opium. About these there is no concealment of contents. The makers only claim that by a process which they have perfected after much practice, and by an unusually careful selection of material, they offer a familiar substance in a peculiarly eligible form. Now, to this, we submit, there is no rational objection. A man should reap the fruit of his labors, and a "drug-man" as much as any other. Much of his skill depends on a "rule of thumb," or practical skill in manipulation which he can scarcely impart to others if he wished to, and is as much his own as the skilled *toucher* of the gynecologist.

Much less felicitous are the recommendations of Dr. Sims concerning the suppression of syphilis. He is timid, impractical and inconsequent. Recognizing the tremendous importance of the subject, the fear of "what men may say," and especially sentimentalists, women and bigots, appals him, and he is weak enough to talk about "fostering vice" by the license system, and "invidious distinctions" under the English Acts. His own suggestions are mere moonshine, utterly vague and wholly impracticable, unless backed by an efficient system of police supervision and registration of prostitutes. All that can be commended in this portion of the address is that the orator sets forth anew what cannot be too often or too forcibly urged, the pressing need of some active steps to hem in the ravages of the venereal poison.

Notes and Comments

Surgical Operations on Children.

Mr. George W. Callender, Surgeon to St. Bartholomew's Hospital, remarks in a lecture published in the *British Medical Journal*:—

Children, especially, need careful consideration before being submitted to operations. In all plastic operations, for instance, you must satisfy yourself that the child is sufficiently well nourished, and likely to have strength sufficient to heal the wound. There are times, too, in their early months, as during teething, when operations are less likely to do well; and children who are tainted with syphilis, or children weakened by what may be termed infantile complaints, such as measles or whooping cough, are not in a condition favorable for surgical interference. You will watch children closely, and you will put off an operation, even at the last moment, if any unfavorable sign, however slight, exist. Thus you should never be without the pulse, temperature, and general report of the morning of the intended operation; for often a sign from the pulse, or a furred tongue, or some complaint of uneasiness, has been brought under our notice in the operating theatre, and the child has been sent back to the ward, there to develop some illness, such as scarlet fever; and the frequency with which this complication has thus come under my notice leads me to suspect that it may give the clue to the explanation of some of those cases in which, after surgical operations, an eruption like that of scarlet fever has broken out upon the patient, such an eruption concurring with the operation, and not being in any sense consequent upon it. We had one remarkable case in which an excision of the knee-joint was postponed because of a sudden rise of temperature, which persisted, as a solitary sign, for some days, and was then followed by dilated and fixed pupils, and, later on, by other symptoms of meningitis. You will, indeed, have acted rightly in postponing an operation, even if nothing come of the symptoms which may have caused anxiety. It will often happen that the alarm is a false one, particularly with children with whom fright or excitement will send up the pulse and temperature with great rapidity. One child, for instance, was sent away from the theatre as unfit for an operation, and we afterward found that his troubles were entirely caused by the nurse having moved him from a front to a back ward bed.

The Physician in Ancient Wales.

The following curious extract from the ancient laws of Wales is given in the British *Medical Journal*. Our readers can learn from it the exact value of a doctor, estimated in cows:—

King Howel, the Good, had twenty court-officers, viz., twelve for the King and eight for the Queen. The physician comes twelfth in order. He ought to have his land free, and his horse in readiness; and he receives his linen clothes from the Queen, and his woolen clothes

from the King. His seat in the hall is at the base of the pillar, that he may be near where the King is, sitting in his border. His lodging is with the master of the household. His protection is from the time the King commands him to visit a wounded man, neither in the palace nor belonging to it, until he goes to him, taking away the offender. He must give medicine gratis to all the officers in the palace and to the master of the household, their bloody clothes excepted; unless it be one of the three dangerous wounds. These are a blow on the head which penetrates the brain, a thrust in the body which penetrates the bowels, and the breaking of one of the limbs. For every one of these three dangerous wounds the physician is entitled to one hundred and eighty pence and his meat, or to one pound without his meat, and also the bloody clothes. He claims twenty-four pence for a tent for a wound. A plaster of red ointment is twelve pence; and one of medicinal herbs is eight pence. The physician's pan is worth a penny. He ought to take security of the family of the wounded man lest he die of the medicine he administers to him; and if he should not take it, he must answer for the consequence. He ought never to leave the palace except with the King's permission. The fine for insulting him is six cows and one hundred and twenty silver pennies. His value is one hundred and twenty-six cows.

Enemata of Wine.

In the *Revue Medicale*, M. Baraillier calls attention to the great utility of vinous enemata in all slow and difficult convalescences, colliquative diarrhœa, obstinate leucorrhœa, chlorosis, and dyspepsia with vomiting. One or two enemata, of from 150 to 200 grammes (℥v to ℥viij) of the red wine of Provence are given once or twice a day, at a tepid temperature; and, the intestine being first emptied by a tepid enema, the action of the wine is speedily manifested, especially in persons not given to alcoholic drinks, and therefore in women and children. If, as it does sometimes, it prove too irritating, a third or half of water or syrup should be added.

The Hamamelis Virginica.

This indigenous shrub, familiarly known as the *witch hazel*, belonged to the native American materia medica. The Indians used it as a discutient in inflammation following sprains and similar injuries. Our homœopathic friends use a strong tincture of it for the same purpose. In an article which may be found in this journal, August 3, 1867, Dr. Durham extols it as a preventive of abortion. And in the Edinburgh *Medical Journal*, for last March, Dr. Hewan, of London is stated to have reported a case in which severe post-abortion hemorrhage was promptly checked by its administration. Its specific powers on the uterus merit closer investigation.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter VI.

THE MEDICAL CHEMISTRY OF THE UNITED STATES IN THE MAIN BUILDING.

Centennial Exhibition, July 6th, 1876.

Ed. Med. and Surg. Reporter:—

The chief objects of interest in medical chemistry are to be found in the Main building. The medico-chemical display of the United States is particularly fine, and to it I have concluded to devote the whole of this letter. I imagine, indeed, that my chief difficulty will be to compress within the compass of one epistle all that should be said of the splendid exhibits of our own country.

The southeastern quarter and northeastern corner of the Main building are set apart for the general exhibits of the United States; and the chemical, pharmaceutical, and medical displays occupy of this space that portion which is situated just eastward of the central transept, or north and south avenue, and southward of the nave, or great central avenue, running from east to west.

On entering, therefore, from Elm avenue, by the south entrance, our national medico-chemical exhibits are among the first objects to attract attention, on the right hand of the visitor; and probably the best method of studying them is to start from the transept, just south of the music stand, and journey thence in an easterly and southeasterly direction, winding in and out among the displays until they have all been embraced in the tour. My observations on special exhibits, without following any absolutely rigid plan, were made while proceeding in this way on a general course from west to east. The chemical, and the medical and surgical collections are chiefly found on or near aisles P and T, and between columns 40 and 50. The entire American medico-chemical display, in quantity and quality of chemical drugs, and in style and manner of exhibition, is one of which our country may well be proud.

Starting upon the course which I have just indicated, the first exhibit reached, along the transept, a little southeast of the music

stand, is that of Powers & Weightman. This is truly a magnificent display, and is inclosed in a handsome pavilion. The familiar initials of the firm, P. &. W., of large size, uniquely crystallized from chromium alum, at once attract attention. Entering the precincts of this wonderful exhibit, where many-colored lights shine upon us through beautiful and deftly arranged specimens, it is easy to fancy ourselves in some cave of Aladdin, and a veritable lamp of Aladdin would seem to have summoned forth the immensely valuable articles by which we are surrounded. Here, in large quantity, are seen gallic, tannic and tartaric acids; zinc, iron, sodium, and potassium salts; and, especially noticeable for size and beauty, the alkaloids of cinchona and morphia and their sulphates. Probably these specimens of sulphate of morphia, and of the sulphates of quinidia and cinchondia, are the largest and among the very finest ever exhibited in this country or in Europe. Among the scale preparations and crystalline products of this exhibit, may be seen iron citrates, zinc sulpho-carbolate and acetate, copper sulphate in ornamental shapes, white scales of bismuth and ammonium citrate, ammonium nitrate and hypophosphite, and silver nitrate. Here, also, in abundance, are such comparatively rare chemicals as codeia and its sulphate, narcotin, meconin, morphia bromide, quinia and cinchonidia bisulphate, and caffein. I noted particularly a large and elegant specimen of caffein. Citric acid, of which Powers & Weightman are, or were a short time since, the sole manufacturers in this country, is exhibited in large quantity and of superior quality. The arrangement of this display is what might be termed a basic one; that is, all the iron salts, zinc salts, sodium salts, etc., are classed together. An interesting feature is the disposing in juxtaposition of finished products and the crude materials from which they are derived. Citric acid, for example, is placed side by side with fine brands of lemon, lime, and orange juice; tartaric acid adjacent to a collection of handsome selected argols; morphia and its salts over and between choice samples of opium; and the cinchona alkaloids and their salts in proximity to excellent specimens of bark.

The display of Rosengarten & Sons is just south of that of Powers & Weightman, and although less in number and quantity of chemicals than the latter, is of the best quality, and attractively disposed in a large case. Each of the four corners of the case, is occupied respectively by handsome masses of the sulphate of quinia, quinidia, cinchonidia, and morphia. I noticed in the centre of the case, facing to the north, a fine sample of purified chinoidine; and other specimens claiming attention were the bisulphate, phosphate, citrate, and acetate of quinia; potassium, sodium, and zinc salts; ammonio-ferric alum, strychnia, and crystals of nitrate of silver.

Hance Bros. & White, of Philadelphia, who are located a short distance east of Powers & Weightman, in the centre of their display of solid and fluid extracts, and other preparations for which they are celebrated, exhibit, framed, behind glass, a splendid specimen of monobromated camphor, the finest, I think, in the Exposition.

Eastward of Hance Bros. & White is the exhibit, attractive in style and quality, of Charles T. White & Co., of New York. Their pharmaceutical chemicals include alkaloids and their salts, potassium and bismuth preparations, and various acids.

Henry Bower, of Philadelphia, T 43, exhibits three large masses of prussiate of potash, one of them handsomely framed; ammonium sulphate; stearic and oleic acids, and beautiful specimens of glycerine.

Still traveling eastward, the display of Billings, Clapp & Co., of Boston, looms before us in lofty proportions. They exhibit large quantities of lead, silver, iron, and manganese salts, and other chemicals, having in the foreground an immense mass of ammonium nitrate.

In the exhibit of W. J. M. Gordon, of Cincinnati, located at P 47, are included some fine chemicals, such as iron citrate, and pyrophosphate, ferric alum, copper nitrate, and monobromated camphor; and near by O. S. Follet, of New York, has a small but good display of chloroform, sugar of lead, acetic acid, and pigments. Finally, in the extreme northeastern part of the space devoted to chemistry and pharmacy, we have three exhibits of some medico-chemical interest.

Lewis U. Bean, of Philadelphia, with paints and pharmaceutical preparations, displays various chemical drugs.

Charles F. Pfizer & Co., of New York, have an elegant chemico-pharmaceutical collection, in which are prominently seen such chemicals as tartaric acid, chromic acid, sublimed iodine, iodoform, potassium permanganate, and sodium pyrophosphate.

Kurlbaum & Co., of Philadelphia, have in their exhibit beautiful calomel crystals.

The consideration of the exhibits of W. R. Warner & Co., Bullock & Crenshaw, Keasbey & Mattison, John Wyeth & Bro., and others, will be reserved for a letter on materia medica and pharmaceutic specialties.

Some allusions to the chemical display, not strictly medical, may not be unacceptable. Here are seen well-represented chemical manufactures of all kinds; petroleum products in beauty and profusion; oils, acids, soaps, paints, varnishes, perfumes, and colognes; aniline colors and dye stuffs; inks of all kinds and hues; chemicals for the arts, of almost every description. Charles Lennig, of the Tacony Chemical Works, exhibits alum in monumental shafts; alum clay; lead, copper, and sodium salts; glacial acetic acid, etc. Opposite, to the eastward, the Pennsylvania Salt Manufacturing Company exhibit an enormous mass of kryolite, from "Greenland's icy mountains," with samples of the substances made by the company from this aluminium and sodium fluoride.

Near at hand, Daniel H. Gray, of New York,

has a fine collection of sulphur specimens; and Page, Kidder, Fletcher, of the same city, among other objects of interest, display some anthracene.

The Silliman Chemical Works, of Philadelphia, have a fine array of coal tar products, and chemicals of diverse character.

Silicates are well shown by the Philadelphia Quartz Company.

Phillips & Jacobs, of Philadelphia, have an interesting exhibit of photographic chemicals, and of illustrations of the recovery of gold and silver from the waste products of the arts.

P. Prunier, of Philadelphia, next to Gordon, of Cincinnati, displays crystals of picric acid of great beauty.

Condit, Hanson & Co., of Newark, P 49, present specimens of nickel, copper and cobalt salts, with samples of nickel plating.

In my next letter I will consider the medico-chemical displays of foreign countries on exhibition in the Main building.

Yours, C. K. M.

News and Miscellany.

Dr. F. K. Bailey.

At a regular meeting of the Knox county Section of the East Tennessee Medical Society, the following resolutions to the memory of the late Dr. Bailey were adopted:—

Resolved, By the Knox county Section of the Medical Society of East Tennessee, that the walk and conversation of the late Dr. F. K. Bailey were uniformly such as to make eminently practical the expression, "He was a good man."

Resolved, That, whatever of formality attends necessarily this action of the Medical Society, it only fully expresses the profound respect given by the members to Dr. F. K. Bailey, during his life, and is a poor but sincere emotional offering, from former professional associates, to his memory.

F. A. Ramsey.
J. M. Boyd.
A. B. Tadlock.
Committee.

John H. Garriger, *Secretary.*

Curiosities of Science.

The Franklin Institute, of this city, has opened a room in the Centennial buildings, at the northwest end of Machinery Hall, where the following, and other objects of great historical interest, have been placed.

Franklin's Electrical Machine.—This instrument is doubtless the one used by the great philosopher in making his wonderful experiments in the science of electricity. Presented to the Institute by Dr. John R. Coxe.

Oliver Evans' Steam Locomotive Engine.—This interesting model is among the earliest known, having been built about 1804.

Fifty-five Years in a Hospital.

Among the deaths last month was that of the oldest insane patient in the Pennsylvania Hospital, Major Mossman Housten, in the 90th year of his age. He was born in Savannah, September 12th, 1786. In 1806 he entered the regular army as lieutenant of cavalry, being next in seniority to General Scott. In 1813, after he had risen to the rank of major, he resigned, by reason of insanity. He was called, by his fellow-officers in the army, on account of his proud military carriage, the Little Napoleon. His friends placed him in the Pennsylvania Hospital in January, 1822, and there he remained from that time until his death, a period of more than fifty-four years.

Chilian Prize Medal.

Wm. R. Warner & Co., of this city, whose efficient pharmaceutical preparations are deservedly popular in this country, have just carried off the Prize medal at the Chilian World's Fair, for the superiority and perfection of their soluble sugar-coated pills.

QUERIES AND REPLIES.

Dr. J. W. P. asks: Is any preparation known that will cause the hair or beard to grow when nature delays its appearance?

Such articles are often advertised, but they are swindles. There are hair tonics, to strengthen falling hair, but no stimulant will, for instance, hasten the appearance of the beard.

Dr. H. K. C. writes: I have a case of a child, two years old, whose deltoid is paralyzed, as the result of a fall last September. What is the best treatment?

Alternating warm and cold douches, surface friction, electrical excitation and massage are the most appropriate means.

Syrup of Hypophosphites.

Dr. J. W. P., of Pa.—Professor Procter uses—

Hypophosphite of lime,	7 ounces
Water,	9.5 ounces

Dissolve and add—

Sugar,	12 ounces

Dissolve with gentle heat and add—

Fluid extract vanilla,	½ ounce.

Half an ounce of the same salt of soda can be used, with an equal quantity of the hypophosphite of lime in making the above.

MARRIAGES.

Williams—Spencer.—At the residence of the bride's father, near Cardington, Ohio, on June 27th, 1876, by the Rev. J. J. Henry, Leander Williams, M. D., formerly of Indiana, and Miss Lydia Spencer, of Cardington, Ohio.

DEATHS.

Cross.—In Little Rock, Arkansas, 2d of July, 1876, Robert Francis, son of Dr. Edward and Mrs. C. Cross, aged one year and eleven months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1012.] PHILADELPHIA, JULY 22, 1876. [Vol. XXXV.—No. 4.

Original Department.

Lecture.

CHRONIC ULCERS AND THEIR ACCOMPANIMENTS.

A Clinical Lecture by Prof. Harrison Allen, M. D., at the Philadelphia Hospital, April 8, 1876.

REPORTED BY CHARLES WINSLOW DULLES, M. D., RESIDENT.

There are in this house a number of similar cases belonging to the class which I present to you to-day. Chronic ulcers are very apt to be associated with varicose veins, such as we see in this patient. He has upon the front of his leg a superficial abrasion, which he says has been there fifteen years. It sometimes gets better, and then worse. A very slight thing will cause it to break out again. The situation here is a very common one; that is, over the lower third of the tibia, or the shin. We find the skin in an intense hyperæmia. There is no throbbing, no pain; moderate swelling, and intense redness. Upon the surface is a watery discharge. The condition is what is termed eczema chronicum, or rubrum. This redness is the most striking, but not the most significant feature. It is the ulcer which has the most importance. The leg, you see, is somewhat larger than the sound one. On the latter the skin moves freely, and can be pinched up into folds. Here neither is possible. Around the malleoli, measurement shows the circumference of the sound leg to be 9″, while this one measures 10½″; a difference of an inch and a half.

Below the ulcer, and where there is no involvement of eczema, you will find, by dissection, that there is continuity of tissue quite down to the bone; on all sides "scar," or cicatricial tissue. This constitutes a girdle, compressing the vessels going to and coming from the foot, the result of which is to strangulate all below it and keep it in a congested, unhealthy condition.

To relieve these two troubles, we shall first make soothing applications for the eczema, and at the same time enjoin rest. Then, having gone to a point where the activity of the inflammatory process has been subdued, we shall give support to the vessels below the constriction by strapping and bandaging. Such a result is attained in private practice by elastic stockings.

Case 2.—Here is another case with the same condition, but less striking in appearance. Eleven years ago, while in the army, in an attack upon a battery, his leg was broken in three places. Of this, the evidence persists in these enlargements we find on the surface of the tibia. Three years later the skin here broke, doubtless a consequence of the lowered vitality, due to the cicatricial tissue girdling the limb at this point. Measurement around the malleoli shows his sound leg to have a circumference three-quarters of an inch less than this one. The foot is cold as ice, not to his sensations, but to mine; and we note the same tendency to passive congestion as in the former case.

Cases 3 and 4 are but renewed illustrations of what I have already shown you.

Case 5.—This old man has deformity of the toes, and scarcely any movement in the ankle-joint—almost a false anchylosis. His chronic ulcer is healed, but you observe the annular constriction, and the condition of the foot. We see in another place some recent

ulcerations. They began with pustules, such as are still to be found. These have a purplish-red areola, whose color disappears upon pressure, and returns rapidly on its removal. Placing a probe in one of the openings, we find the skin about it undermined, and we can lift it up on the probe. The pustules are in some places heaped up with epithelium, and on removing the crusts I find a dark, unhealthy pus beneath them; and as the man acknowledges having contracted "the bad disorder," as many of the lower classes call syphilis, I shall designate this a "senile syphilitic exacerbation."

Here, then, are seen three distinct expressions of mal-nutrition of the foot and ankle, dependent upon a mechanical cause, viz.: a constriction of the arterial, but more especially of the return, blood from the foot. The prognosis as well as treatment of such a class of affections must be materially modified by the secondary, and in a sense remote, conditions, which are maintained by interference with the vascular supply to a part placed beyond the original seat of trouble.

Communications.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M. D.,

Assistant Superintendent of the New York State Inebriate Asylum, Binghamton, New York.

Inebriety is both a physical and a mental disorder, with a chain of distinct causes, exciting and predisposing, often obscure and not understood. Its connection with insanity is so intimate that it is sometimes difficult to determine which is the first cause. It frequently precedes insanity, with cerebral disease as a symptom or active cause. Degenerative processes, beginning in both physical and nervous systems, attended with perversions of the nutrient functions, break out in this way. Inherited conditions, with circumstances of climate and occupation, either acting alone or together, develop inebriety.* It often follows in cases of defective will-power, where, from want of culture and from vicious surroundings, the resisting power of the will is destroyed, and the victim is called morally diseased, because subject to every wave of passion and inclination. No case of inebriety can be called accidental, but is always the result of some special condition, circumstances or event, or alteration of structure. Its onset may be so gradual as to be unnoticed, and its progress extend over years, then, like a smouldering fire, burst out with a force and intensity uncontrollable. A large proportion of cases may be traced to definite causes, potent, and apparent to all. Others are obscure, and begin beyond the range of the pathologist, in conditions at present only faintly outlined. The social glass, taken apparently in the most accidental way, is both preceded and followed by disorders of a psychological nature, awaiting future investigation and study. The desire for stimulants, following fatigue, grief, or depression, is evidence of a perverted mental and nutrient condition. This desire may be stimulated by the most trifling circumstances, giving direction and fixing conditions of abnormal coördinating brain-power. Practically, a study of the causes indicates how far permanent curability may be effected. As in other diseases, these causes are numerous and complex, increasing or diminishing, depending upon many unknown conditions. Every case will be found to have positive indications forecasting its progress and termination.

Inebriety, as a disease, whether affecting the nutritive functions first, and after that the mind, or *vice versâ*, or more commonly both, is a new field of clinical study, giving promise of the greatest practical results. We propose to group together some cases whose origin and causes were not understood, and to deduce from them confirmation of the fact that every case has distinctive beginnings, progress, and terminations.

Case 1.—Inebriety Beginning with Sexual Excitement and Disordered Nutrition.

H. O., born of healthy, temperate parents, in a suburban town. Father doing business in the city, returning at seven in the evening, and partaking of a hearty dinner soon after. The family ate sparingly through the day, but at night indulged in a rich, elaborate meal. He attended school and college, boarding at home, eating irregularly, and without restraint of any kind. From eighteen to twenty-one years of age he remained at home, with nothing to do except to overlook the gardener, and the man-

* See author's article on "Etiology of Inebriety," in Vol. v of Transactions of American Association for the Cure of Inebriates, 1876. Copies can be had by addressing the author.

agement of a small farm. He suffered from dyspepsia during this time, for which no particular remedies were taken. At twenty the first sexual act was consummated, and was followed by impulsive cravings for stimulants, which ended in intoxication. A repetition of this act was followed by similar intoxication, of brief duration. For two years he continued in this way, drinking to excess after each sexual act, and loathing liquor at other times. Growing worse, his father placed him in a lucrative position in a large city, hoping to break up his bad associations. The cause of his drinking was not known. He would disappear over night, or for a short time, and appear again in some saloon, drinking fast and furiously. Three or four months of sobriety was broken by similar temptation and fall, ending in discharge, as unfit for business. Under the advice of physicians, he went abroad, as captain's clerk on a steam gun-ship; two years later he returned, but no better. From this time forth he traveled to all parts of the world, both with and without attendants, visited mineral springs, consulted many physicians, and sought to break up this disorder with much earnestness, but failed. If he abstained from the sexual act for two or three months, the desire for liquor came on, which, if gratified, always ended in sensuality and intoxication. He contracted gonorrhœa, followed by stricture, requiring surgical interference. The sexual power, from long abuse and heavy doses of bromide of potassium, was partially paralyzed, but the desire for liquor continued at irregular intervals. Two years ago he went to an inebriate asylum, and remained six months, returning improved in health. Three months of sobriety and active business life ending in a debauch, he returned, and remained six months longer; then an interval of nine months elapsed, and he gave way to temptation again, and was sent here. When drinking he is stupid and idiotic, loses control of his legs, and has had alcoholic convulsions.

Comments.—This case exhibits a complete chain of cause and effect, beginning in early nutrient excesses, such as irregularities of eating and sleeping, with no control or restraint, and no particular purpose or object in life; the first destroying the normal balance of nutrition, and the latter breaking down or lessening the power of the will to control the body. This prepared the way for certain disorders of both physical and mental organism. The first sexual act was the match which roused and gave direction to the uncontrolled impulses. The cerebral exhaustion which followed sought relief in irresistible cravings for liquor. The sexual function at last required the stimulus of liquor to rouse it, and then it became secondary to a disordered appetite, where it had been the first active cause before. A powerful shock had been given to the brain-cells, perverting all healthy impulses of mental and organic activity.

Case 2.—Inebriety Originating from Irregularities of Living, and Nervous Diathesis.

L., a junior partner of a large business house, temperate and healthy, nervous and impulsive, working hard as chief salesman, very methodical in all his habits, and drinking nothing but coffee and tea, from principle. His father, a Scotchman, drank wine moderately all his life; his mother, a nervous, frail woman, died from consumption when he was young. When thirty-one years of age, unmarried, he went out traveling as collector for the firm. Having large interest at stake, he worked hard, night and day, traveling by stage, steamboat and rail, regardless of exposure, eating and sleeping irregularly. Eight months of such life brought on anæmia and increased nervousness. After a long journey he was seized with a chill and fever, which was treated with hot whisky in quantities, ending in rapid recovery. From this time forth, all depression and nervousness were followed by intense cravings for liquor, which were fully gratified for a time; then, as they increased, an effort was made to break them up, without success. He avoided drinking at the bar, from pride, but could not go to bed without a bottle of liquor. This lasted for two years, during which he journeyed to Europe, and sought to lessen or change this condition. While traveling he drank every night to intoxication; when at home, the least excitement or depression brought on these cravings. On entering here he was anæmic, and filled with delusions and melancholy.

Comments.—This man inherited a nervous diathesis, with an alcoholic tendency, which might have laid dormant a lifetime. The irregularities of travel, overwork, and the consequent debility, were the active causes, and the whisky given for chills and fever acted as a torch to explode the perverted energies. Inebriety followed as a natural consequence of surroundings and mental activity.

Case 3.—Inebriety following Recovery from Paralysis, the Result of Typhoid Fever.

C. W., a farmer, with healthy parents, and strong, vigorous constitution; married at twenty, and was temperate and industrious, accumulating much property up to his thirty-first year. At this time he was seized with inflammation of the bowels, after exposure to cold; this ran into typhoid fever, which was attended with slight delirium. The fever was of moderate intensity, and was treated with nutrients, quinine, and small quantities of liquor. In three months he had so far convalesced as to be able to drive out.

While returning from a ride, he was seized with a sudden loss of consciousness, which lasted three hours, after which he was able to drive home, although suffering from general pain and trembling. Ten hours later he became paralyzed in both upper and lower extremities. The pain following was severe, with extreme sensitiveness. Opium and liquor in large quantities were given. Nine months later convalescence began, the pain subsided, and power of motion returned slowly, when he was thrown out violently from a carriage, on his side, bruising himself severely. From this time recovery from the paralysis was rapid. The shock from the injury seemed a stimulus to recovery from the brain lesion. A few months after he regained the full use of his legs and arms, and was able to go about, with no other ill feeling than that of lassitude, after long exertion. He had taken liquor daily up to this time, when he found it impossible to do without it. After abstinence for a day or more, the cravings were so intense that he drank to intoxication as the only relief. These cravings increased with every effort to break them up, until they were more like insane impulses, which seemed to have no limits, except full gratification. For five years he struggled along, alternating between excessive intoxication and short periods of sobriety; then he was sent to this asylum. Three months' residence here, and he returned restored. Six months later he began to take opium, for depression and pain, and then relapsed to drinking. A year of ineffectual effort to save himself, and he comes the second time for relief.

Comments.—Here was a healthy man, temporarily paralyzed from lesions resulting from typhoid fever, the paralysis ending in inebriety of an impulsive, spasmodic type. The brain lesion continued as a profound nutrient disorder, manifested in inebriety, from some unknown favoring causes. Possibly the treatment by liquor in large quantities determined the form of neurosal disorder; but similar cases occur daily, where other sequelæ and complications follow, making it difficult to draw any conclusions that would apply to every case.

Case 4.—Inebriety Arising from Defective Nutrition, Irregularities and Want of Early Training.

B. R., son of wealthy parents; father a man of elegant leisure, mother a woman of fashion, who died of consumption when he was eight years of age. His surroundings and living were luxurious; being the only son, all his inclinations and wishes were slavishly gratified. He grew up under no control or guidance, and all his habits were governed by circumstances; eating and sleeping at all hours. When fourteen years of age, he manifested erotic impulses, followed by wine-drinking to excess. These impulses came over him at intervals of two or more months, and were wild and uncontrollable. From this time until twenty years of age these attacks continued. The intervals were spent under a tutor, and much progress was made in general studies. At twenty he finished a course of medical lectures; and had pneumonia, from which he recovered in three months. The treatment was largely opium, in various forms, and after recovery he continued its use for all depressions and pains, alternated with wine and spirits.

During the next five years he claimed to be an invalid, and traveled, using opium and liquor, and taking medicines for various troubles. But gradually he became worse, sometimes remaining in bed a week, from prolonged debauch. He was sent to an inebriate asylum, and went away six months later, restored. For the next five years he alternated from one extreme to the other; opium-taking and wine-drinking, then a short residence in an asylum, followed by recovery, and relapse a few months later. Both opium and liquor were very pleasant to his taste, and the effects were sought for with intense anxiety and eagerness. His sexual feelings have lost their power, he has had convulsions several times, and is very nervous and irritable. He has been under treatment by several physicians of note. The cravings for opium or liquor are impulsive, and appear without warning; sometimes one,

then the other. He has been here for opium alone, and also for drinking.

Comments.—In this case a consumptive diathesis was inherited, and the want of control during early life brought on disordered nutrient functions. Eating and drinking, at all times and places, destroyed the healthy cell-growth, and prepared the way for diseased impulses. At puberty they broke out in sexual perversions; this function declining, the cravings for drink followed. After pneumonia opium-taking came on, and from this time the perversions of will-power and nutrient wants alternate between opium and liquor. The disorder began early in life, and inebriety was the natural result. He inherited a defective will and nutrient force, which were intensified by want of control and constant stimulus from surroundings.

These are but ordinary cases, received daily, brought here by physicians and friends, who expect us to break up this "habit," as they call it, failing in nearly all cases to recognize any distinct cause, or progress from stage to stage. The patients have often very imperfect conceptions of their condition, attributing it to many and unheard-of causes. One man, of fine intellect, believes his inebriety due to paralysis of the sense of smell, when in reality it originated in impaired nutrition and adversity.

The early exciting causes of these cases are overlooked, and only in chronic conditions are there any recognitions of physical lesions, and even these are assigned to the effects of alcohol.

Future studies will show that there are causes, both centric and eccentric, long before the effects of alcohol are manifest; and when inebriety is once established it follows a certain definite course. As in other mental diseases, one stage follows another, either slowly or rapidly, or marked by long halts, or pauses, concentrations and explosions, or diversions to other phases of disorder.

TENACITY OF LIFE IN CHILDHOOD.

BY JESSE WILLIAMSON, M. D.,
Of Philadelphia.

I take the liberty of publishing this case as an example of the tenacity of life in childhood.

John M., aged 15 months, was brought to my office March 28th, 1876, with a hard, dry cough, slight fever, inflammation of the pharynx, and slight enlargement of the tonsils; bowels open, secretions healthy. The mother thought he had whooping cough, but I could detect no whoop either after or during the paroxysm he had in my presence. Thinking the cough had its origin in the throat, it being inflamed, I ordered a mixture of chlorate of potassa and quiniæ, and to apply a mustard plaster to front of throat.

March 29. Called to see the child in the morning, and found him playing. Skin moist; pulse quick and full. I was unable to count the pulse, owing to the child's restlessness to return to play. I was still unable to detect any whoop. The mother said she noticed, when a paroxysm of coughing commenced, the child would catch hold of its crib, or some stationary object, to steady itself. On auscultating the chest, I found mucous râles on both sides, anterior and posterior; clear on percussion. I ordered a weak mustard plaster to anterior and posterior surfaces of the chest, stopped the chlorate of potassa and quiniæ mixture, and ordered one composed of syr. senegæ and tinct. opii camph.

March 30. Child did not seem so bright. Pulse 140, fever. Loud grating and mucous râles heard all over the chest. For the first time detected a whoop, which was very decided during and after the paroxysm of coughing. Bowels had not been open for two days, so I ordered a dose of ol. ricini; and, to ease the cough, an emetic dose of syr. of ipecac and squills.

March 31. Had a very severe attack of coughing yesterday at 10.15 A. M. Poor night after one o'clock. Called Dr. T. H. Andrews in consultation. We thought it would be better to continue the emetic dose of ipecac and squills, and in addition to give two fluid drachms of whisky during the twenty-four hours, in a tumblerful of milk.

April 1. Child better. Bronchitis gradually disappearing. Cough better; pulse good. Mustard foot bath every night. Treatment continued.

April 2. Better; lungs clearing up. Had a good night. Treatment continued.

April 3. From this date he continued to improve, until about the 8th instant, when the bronchitis again appeared. I at once commenced the senega mixture, with mustard to the chest, and in a few days the bronchitis disappeared, and with it all the violent paroxysms of coughing.

April 13. Measles appeared in one of the other members of the family, and in ten days, namely, 23d inst., my little patient had a well-marked case of it. Having a pretty high fever, I ordered a mild febrifuge.

April 24. Better, rash well out. Pulse good, slight fever, cough troubles him. Treatment continued.

April 25. On examining the lungs, I found a few râles on the right side, and I thought I detected some bronchial breathing with dullness on percussion. I ordered mustard to the chest, followed by a flaxseed poultice.

April 26. I found bronchitis on both sides, but could detect dullness nowhere. I again ordered the senega mixture, as it seemed to do so much good before. He still has a slight whoop after coughing. He improved from this date, and on the 30th inst. was well.

May 2. Went to pay my final visit, and upon examining the chest I found well-developed bronchitis on both sides. The senega mixture was again used, with mustard to the chest, followed by mush poultices, which were changed every three hours.

May 3. Found that the bronchitis had extended down into the finer tubes. Treatment continued, and in addition ol. morrhuæ one ounce, to whisky one ounce.

May 4. Dr. Andrews met me in consultation. Pulse 148, respiration 40. We decided to continue the treatment, and that the mustard should be applied every three hours. I visited him again in the afternoon, and found him about the same.

May 5. I thought I saw a slight change for the better. Pulse and respiration the same as on the 4th inst. I added to the senega mixture small doses of ammonia carb.; and instead of one ounce, I ordered thirty drops, every three hours, of whisky. P. M.—Not as well as in the morning.

May 6. Not so well. Pulse 144, weak. Respiration 60. Subcrepitant râles marked on both sides. Treatment continued. I had the mother to make some pads of lamb's wool, which were to be worn day and night on both anterior and posterior surfaces of the chest, instead of the mush poultices; they were to be well warmed before being reapplied after the mustard was taken off. The mustard still applied every three hours. P. M.—Slight improvement.

May 7. A decided improvement. Treatment continued.

May 8. Since this date there has been a steady improvement, and on the 14th of the month he was convalescent. He is now taking a tonic of iron and quiniæ.

The subject of this case was, before he was taken sick, a large, fat, and healthy child, having been so from his birth, which was, of course, greatly in his favor. One of the most important things I had to contend with was the poor hygienic condition. The family, which consisted of husband, wife, and four children, lived in two rooms, one was a bedroom, the other a living room, in which they cook and do all necessary household work. I used alum for a few days, as recommended by Meigs and Pepper, to control the paroxysms of coughing, but did not think it acted as well as the senega mixture, so I stopped it. The measles which followed was not a severe, but a well-marked case; bronchitis developing soon after the rash appeared. The duration of the rash may have been a day or two longer than usual. I attribute the cause of this, the complication of bronchitis, and the subsequent attack of capillary bronchitis, to the bad hygienic condition. The child's strength, after passing through this long siege of disease, was nearly exhausted, but now he is regaining rapidly his former health.

A REMARKABLE CASE OF GALL-STONES.

BY J. V. SHOEMAKER, A. M., M. D.,

Of Philadelphia.

The following case occurred in the practice of Dr. J. F. Bird, of this city. The doctor's attention was called to Mrs. C—— early in the spring of the present year, whom he found laboring under symptoms of gall-stone. Quite a number had already passed through the alimentary canal, and had been washed from the fæces. The characteristic pains had been experienced by the patient during the passage of these stones through the ductus communis choledochus.

Under treatment the patient became somewhat relieved, but very soon a rapid emaciation commenced, and although the appetite was good, there was no nutrition. There soon appeared a large movable tumor immediately in connection with the liver, which was considered by a consulting physician of eminence in the profession, taken in connection with the

general appearance of the patient, to indicate a cancerous condition of the liver. The patient died of extreme exhaustion on the 29th day of May, and on the following day a post-mortem examination was made by the doctor, assisted by Dr. Grissom and three other medical gentlemen. The gall-bladder was found to be perfectly impacted with gall-stones, varying in size from a small partridge-shot to a garden-pea, and numbered eighteen hundred and forty. There was not a single vestige of biliary secretion whatever. The gall-bladder itself was colorless. The duct was considerably enlarged at its hepatic extremity, in consequence of the frequent passing of gall-stones through its calibre. The liver was rather diminutive in size, but not changed materially in structure or color.

This lady had enjoyed excellent health in early life. She was the mother of four children, who survive her, and until this dreadful functional derangement took place was healthy, and gave every promise of long life. There did not appear, on the examination, to have been any other lesion than the formation of gall-stones. The bile seems to have been inspissated and immediately converted into stones, and hence emaciation, suffering and death.

Hospital Reports.

LONG ISLAND COLLEGE HOSPITAL.

SURGICAL SERVICE OF PROF. JARVIS S. WIGHT, M.D.

Reported for the Medical and Surgical Reporter, by Dr. B. T. Westbrook.

Compound Fracture, Complicated by Vaccination.

Gentlemen:—The patient I now present to you is an Irish girl, twenty years old, who was admitted to the hospital Nov. 30th, 1875.

On that day she fell down stairs, and injured her left forearm. It was put up on a pistol splint by the physician who was called in at the time. On examination, we found that the radius was fractured two inches above its base, and that the ulna was broken off just above the styloid process, which remained in place, while the lower end of the upper fragment protruded through the skin on the dorsal aspect of the wrist. There was considerable hemorrhage from the wound. The protruding end of the upper fragment of the ulna was trimmed off with bone forceps, the bones were restored to their normal position, and the splint which I use for fractures of the forearm applied.

It consists, as you know, of a piece of board and a piece of wire cloth, joined with their longitudinal axes at right angles to each other; the horizontal portion, formed by the board, being rotated on its longitudinal axis, through an arc of about thirty-five degrees, so as to rest upon the dorsal aspect of the forearm, which is inclined to about that extent when the elbow is flexed at a right angle, and the hand is midway between pronation and supination. This was applied to the outer side of the arm and forearm, and another splint was placed on the palmar surface of the forearm.

A piece of lint, dipped in carbolized oil, was laid on the wound. Two days after admission the arm became very red, and began to swell, while numerous blebs, some containing serum, and some blood, appeared on the surface. This inflammation seemed to be different from what we would expect from ordinary causes, and I was surprised that it should present such extraordinary appearances. Upon careful examination, I found a red point over the deltoid muscle, which looked like incipient vaccination, and I expressed the opinion that it was the vaccine virus that was complicating the traumatic inflammation.

The splint was removed on the fifth day, and replaced by a trough, made of wire cloth and lined with oakum. A wash of sulphurous acid, one part each of the acid and glycerine to twelve of water, was applied, the wound still being dressed with carbolized oil.

The wash irritated the patient's throat so much, that it became necessary to discontinue it and substitute an evaporating lotion which had previously been applied.

The bursa over the olecranon became distended with serum, and was aspirated twice, in the hope of preserving the integument, which we succeeded in doing for several days.

On the seventh day a wash of lead and opium was applied, warm; and five grains of quinine sulphate were ordered night and morning. On the eighth day the arm was punctured on its dorsal surface, with a tenotome, about twenty-five times. One of the punctures opened the radial vein. This was followed by profuse venous hemorrhage, but no pus escaped. On the tenth day pus began to ooze from the openings, and the patient felt better. In the forenoon of the eleventh day symptoms of acute septic gangrene began to supervene, and it was decided at once to amputate at the shoulder; but before the consent of the friends could be obtained it was nine o'clock in the evening, and at that time the axillary portion of the arm began to be involved and to slough, and I refused to operate. The favorable moment for an operation had been lost, and the patient must take her chances for life with her arm on.

The entire hand soon became gangrenous, and large patches of gangrene appeared about the forearm, elbow, and arm. There was no appearance of sloughing at the point of vaccination, but only the ordinary course of a vaccine inoculation was observed there. These events were followed by diarrhœa, and the

patient became very much exhausted. The sloughs finally separated, and granulations appeared, so that by the seventeenth day the general appearance of the arm was much improved. But a large slough over the lower end of the radius uncovered that bone for about two inches. The bodily temperature during this time had ranged from 100° to 102° in the morning, and from 100° to 103¼° in the evening. A line of demarcation formed at the middle of the metacarpal bones, and on the 3d of January the necrosed hand was removed, *no living tissues being divided* in the operation.

The case progressed favorably after this, though the fractures did not unite, and the great loss of substance about the elbow was followed by a large cicatrix, that contracted so firmly as to entirely prevent flexion of the forearm. Amputation was again decided on toward the end of February, but on March 1st an abscess formed in the axilla, and the entire limb again took on an inflammatory appearance, almost as bad as the original trouble. Sulphurous acid was again applied, and quinine given internally. The condition soon improved again, and to-day we shall operate.

In this case the process of repair and accompanying fever, complicated by vaccination, rapidly went on to terminate in acute gangrene, marked by serous effusion into the muscular sheaths, membranes, and bursæ, with blebs of clear and bloody serum.

The peculiarity of the case is that we had a definite, known, infecting virus, complicating by its presence the inflammatory condition, which involved veins, tissues, and lymphatics, which condition is denominated, by some, traumatic erysipelas.

This opens the door to the great question of surgical infection. Many of the infecting poisons contain bacteria, micrococci, etc. These are living organic bodies, called vegetables, but breathing oxygen, and exhaling carbonic acid. They multiply in the blood, and suck oxygen from the corpuscles, asphyxiating them.

The process went on to acute, spreading traumatic gangrene; that is to say, it resembled the cases of that nature spoken of by Erichsen. As soon as this occurred, amputation was decided upon; but nine hours supervened before consent was gained, and then the axilla was so far implicated as to prevent the operation. The patient had to take the chances, and was fortunate enough to survive, with the loss of her forearm and hand.

The amputation was made at the middle third of the arm, some cicatricial tissue being included in the flaps. Iron wire was used for the deep sutures, and horse hair for the superficial.

The stump was lightly dressed with oakum. The recovery from the operation was rapid. One small abscess formed in the stump, but gave no great inconvenience.

After the amputation, the site of the vaccination became swollen, red, and tender, and a small conical swelling, one inch in diameter and half an inch high, appeared. It had not entirely subsided at the time of discharge, May 19th.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

SECTION ON STATE MEDICINE AND PUBLIC HYGIENE.

ADDRESS OF DR. R. C. KEDZIE, OF MICHIGAN, CHAIRMAN OF SECTION.

Natural Purifiers.

The first commandment in the Sanitary decalogue is, "Be ye clean." The capital crime is filth. Hence the attention to natural purifiers. Air and water are first, but in purifying they become impure; then they become useless. Oxygen is the only purifier; it is a refiner's fire. Hence air is most active, having the most oxygen. Expired air is dead air. Hence ventilation becomes important.

Water is mainly a physical purifier; it dissolves impurities, or removes them in suspense. Air will force itself everywhere in some amount. Hence water requires more attention.

One source of danger is that water may hold a poison in solution; either a fixed poison, because incapable of self-multiplication, as arsenic, or strychnia. Dilution may diminish the danger. Or a germinal poison, capable of indefinite reproduction. Here dilution does not proportionally diminish danger.

Germinal matter is only destroyed by death. Hence the dejections of a cholera or typhoid case thrown into a reservoir would be far more dangerous. Thus, in Switzerland, the dejections of typhoid cases were cast into a running brook irrigating a meadow, filtered through a mile of porous earth, and reappeared as a spring from which the people of a town drank. This acted as a source of the disease, and struck down more than seventeen per cent. of the inhabitants.

Hence the question whether the soil is a sanitary filter and will arrest zymotic poison? Hence water must be regarded with great care.

He offered the following propositions:—

1. Uncontaminated water is the right of every one.

2. Needless pollution of water is a crime against society.

3. Evacuations of all patients with zymotic diseases must be treated with oxidants or antiseptics before entering the sewers.

4. Water in streams, lakes, etc., is common property, and no one has the right to destroy or injure its potable quality.

5. State and municipal authorities must maintain these rights.

6. They should make an early sanitary survey of such waters, in order to preserve them from contamination.

7. They should not introduce water works without at the same time a co-extensive sewerage.

These are sanitary axioms. The denizens of cities require sanitary laws. Cities are now occupying the land; villages are disappearing. The evils of condensed population are upon us. and rapidly increasing. The air may not require so much attention, but the water supply is in great danger. Trades and manufactures endanger all our streams. This may readily be prevented, but when once formed, impossible to remove.

The sanitary control of every place should begin with its early history; then may the drainage, the water supply, etc., be preserved from contamination. Otherwise, the river is dammed and the city too. Our reservoirs are placed in a position like couchant lions, to spring at a moment upon the busy villagers below, and carry destruction in their path. If mill owners, etc., were compelled to live below the dam, the effect might be good.

Slaughter houses are often so placed as to contaminate the water supply of a large population, and become slaughter houses in a different sense. These evils are easy of control at the outset. Resist the beginnings of evil. The sanitary engineer should precede the civil engineer, taking in the name of Public Health all that is necessary for the good of the coming State.

In this work the selfish interests of many will conflict; there is no task so thankless.

To quench a conflagration at its outset; to crush a pestilence in its nest; to pour life and health into the water courses of a city; these do not bring votes of thanks, and presents of plate.

There is one sanitary application men delight in, WHITEWASH.

He closed by offering the following:—

Resolved, That it is the first duty of States and municipalities; first in importance, and first in the order of time, to make a sanitary survey of the water supply, to preserve it against all unnecessary and avoidable contamination.

Resolved, That no municipality should introduce a water system without at the same time providing a corresponding and co-extensive sewer system.

These were afterwards unanimously adopted by the Association.

The Chairman called attention to the subject of "Water Supply as Related to Health," as the subject of special consideration announced in his circular, and invited the attention of members to the propriety of selecting a special subject for investigation, as he had done, following the example of his predecessors in this respect, but not limiting the work to be accomplished. "By calling attention to one field of inquiry the Chairman disclaims any intention of excluding other subjects if the members desire to introduce them."

He then presented the reports which had been received, and placed them at the disposal of the Section.

The "Potable Waters of Michigan" was the subject of a paper by Dr. R. C. Kedzie, of Michigan, and being called for, it was read. It considered the impurities of drinking water due to the source of supply, and the changes which take place consequent upon storage; the nature of the soil, comprehending soil contamination from a variety of causes, fecal contamination, grave-yard poisoning, etc., and the dangers of drainage to drinking water generally.

In answer to the question, How far is the soil a sanitary filter? he considered the question in both its chemical and mechanical aspects, and the possibility of the retention of diseased germs under the most extraordinary circumstances, the influence of some soils in this respect being very feeble. This he illustrated by citing an instance in Switzerland where typhoid fever had been communicated by means of water which had passed through soil for the distance of a mile from the source of the poison.

Impure drinking water for cattle was also dwelt upon as a not uncommon cause of unwholesome milk; and as an additional reason for more thorough sanitary supervision of water supply.

Dr. H. Hartshorne, Philadelphia, remarked on the paper read by the chairman, etc:—He was much struck with the statements as to milk. Disease may be thus produced. He could state facts to corroborate this, that a cow using foul water will not give good milk. He hardly thought disease could be carried through the soil, which acts as a filter, and would detain the disease germs.

Dr. A. N. Bell, of New York, said that while he considered such a case very extraordinary, he would receive it in default of evidence of more proximate cause, even *with* the germ theory, the tangible properties of germs being beyond any present powers of investigation. We accept the existence of disease germs from analogy only, being in smallness beyond our powers of sense. But we assume them capable of being floated in the blood current of our bodies through the interstices of living tissues. The power of soil, therefore, to deprive water of germs would, he thought, depend much more upon its composition than its quantity; and he could very well conceive conditions which in this respect would be illimitable.

In regard to the liability to disease due to impure drinking water for cattle, he believed it to be common. And he believed the mere supervision of milk in the health service to be useless, unless it also comprehended the inspection of cows—their manner of keeping, food, and drink—upon which the quality of the milk depends. The proportion of the oil globules in milk, for example, which are usually regarded as a measure of the richness of milk, is commonly greater in the milk of diseased cows than in the healthy; from cows sick with *rinderpest*, or those fed upon swill, or other unwholesome food, the milk is sometimes so loaded with oil globules as to be almost buttery. And the same condition is common to the milk of cows which have been over-

driven, or subjected to long distances on railroad cars, kept up in unventilated stables without exercise, irregular feeding, deprived of water, starved, etc. And the same conditions are well known to apply to mothers' milk and to wet-nurses. The quality of milk depends in marked degree upon the ingesta, of whatever kind—the passions and the diseases of the nurse. Infants may be purged, narcotized, salivated, or suddenly killed by nursing. And in the same way they are liable to contract scrofula, syphilis, and other constitutional vices. Hence he believed the subject of milk supply in all its bearings one of the most important subjects which could engage the attention of sanitarians.

Dr. Kedzie, of Michigan—Foreign particles will sometimes escape the filter; germs cannot be filtered out.

Dr Jones, of Ohio, regarded the subject of milk as most important. One of his own children was fed on the milk of a particular cow, which appeared healthy, yet the child became ill. When the child appeared beyond hope the cow died, and immediately the child began to recover. No cause could be assigned for the condition of the cow, as in every way all appeared right. He believed the fearful mortality in infancy was from this diseased milk.

Papers on water supply and kindred subjects were also presented from Drs. A. B. Stuart, of Minnesota, J. L. Cabell, of Virginia, which, with Dr. Kedzie's paper, were referred to the Committee on Publication.

Joseph R. Wilson, M. D., Medical Director U. S. N., presented and read in part a paper on "Malaria," demonstrating, by numerous examples, the exclusive communicability of miasmatic poison at night, between sundown and sunrise. Discussion elicited from Dr. Wilson and Dr. Bell much information from observation in the naval service, in regard to the protection afforded by water on malarious coasts. Dr. Wilson cited the practice of laborers on the rice plantations which border the rivers in China. At nightfall the laborers hastily betake themselves to their boats and push off to mid-stream, and there remain until sunrise, protected by the intervening water, a river a mile wide affording complete protection from either shore. Hence it may be inferred that a half a mile of intervening water is sufficient for complete immunity from disease, which is sure to be contracted by dwelling on shore during the night-time. Dr. Bell cited similar observations on the Spanish Main and coast of Africa, and stated his belief in the same protective influence against yellow fever, though not, perhaps, under the same limitation as to distance. He regarded the usual custom in the Navy, when practicable, not to anchor within two miles of malarious shores, and the absolute prohibition of spending the night on such shores, as one of the best customs of the service.

"The Climatology of Minnesota" was the subject of a paper by Dr. F. Staples, setting forth its special advantages for consumption and other chronic diseases of the respiratory organs, when not too far advanced before seeking it. His conclusions are that these diseases rarely originate in Minnesota, and persons afflicted with them are benefited by a long residence there.

Dr. J. M. Toner remarked that the dust common to the high winds in Minnesota was a frequent cause of irritation to the respiratory organs, making it necessary for invalids to avoid certain situations.

Dr. Linthicum, of Arkansas, presented a report on the climatology of that State, and Dr. C. Denison one on the climatology of Colorado. The authors not being present, their papers were reported upon, and referred to the Committee of Publication.

Dr. T. J. Mays, of Upper Lehigh, Pa., read a paper on the "Social Aspects of the Alcohol Question," taking ground in favor of the food value of alcohol. Dr. E M. Hunt, of New Jersey, and others, took issue with Dr. Mays. The discussion eventuated in a wide range. It resulted in the adoption of resolutions against sending inebriates to the same asylums as the insane, and in favor of the establishment of exclusive asylums for the treatment of inebriates in every commonwealth of the Union.

Dr. J. M. Toner, of Washington, submitted a committee report in favor of action for the establishment of a National Board of Health. After considerable discussion by Drs. H. I. Bowditch, of Mass., Elisha Harris, and Bell, of New York., J. S. Billings, of U. S. Army, the report was tabled, and a resolution adopted recommending that the officers of the American Medical Association urge upon Congress the necessity of devising some plan whereby the national Government can secure such information bearing upon the health of the nation as shall be of service in its promotion.

Dr. Benjamin Lee, of Philadelphia, read a paper on the "Trials and Triumphs of a Sanitarian," which was recommended for publication in the *Sanitarian*.

A paper on "Ventilation," by Dr. A. B. Stuart, of Minnesota, was presented and reported upon by the Chairman, and according to the request of the author was referred to the *Sanitarian*.

Dr. G. Dowell, of Texas, read a paper on personal observation of two thousand cases of yellow fever in that State; and in connection therewith read from previous reports which he had made from time to time on the usual history and symptoms of that disease. His conclusions are:—yellowness of the skin occurs in about one-eighth of the cases, and rarely or never before the fifth day; black vomit, such as occurs in yellow fever, occurs in no other disease. The paper was referred to the Publication Committee.

On motion of Dr. E. Harris, of New York, the Chairman and Secretary of the Section were by resolution directed to prepare a concise statement of the particular subjects upon which action and means of the National Government

are necessary for the public health ; also that they prepare a similar résumé of points and reasons which show the nature of the work which needs to be entrusted to State boards of health.

On motion the Section adjourned.

COLLEGE OF PHYSICIANS OF PHILADELPHIA, APRIL 5, 1876.

Two cases of

Excision of the Knee in Adults,

were read by H. Lennox Hodge, M. D., Demonstrator of Anatomy in the University of Pennsylvania, etc.

The first case was that of David Hunter, twenty-nine years of age, car-driver on one of the city passenger railways. The operation of excision of the knee was done in April, 1873. We have thus waited three years, and are, therefore, well able to judge of the result of the operation.

His previous history presents the following facts: His parents were healthy and are both living. He knows of no tendency to disease in his family history. A brother, however, has an abscess in his neck, and a sister has enlarged cervical glands. When he was four years old, he fell from a wheel-barrow, and a stone fell upon his left knee. This was followed by inflammation, and for a year or more he could only walk with crutches. When he was about twelve years of age, he fell and broke his left thigh. He was taken to the Pennsylvania Hospital, and there made a good recovery. When about twenty-one years old, he was accustomed to take active exercise, and one day after riding into the city from Chestnut Hill, on a horse without a saddle, his left knee became swollen and painful. An abscess formed, and after a time discharged on the leg below the knee on the inner side.

After suffering much pain for several years he was admitted to the Presbyterian Hospital, February 5, 1873. There was then extensive arthritis of the knee-joint. He was unable to walk without pain, and needed assistance from a cane to move at all. He gave his consent to the operation of excision, and it was done in April, 1873.

The joint was exposed by a straight incision. The condyles of the femur were found extensively diseased, the patella completely adherent to the femur, so that it had to be separated by a chisel, and the head of the tibia softened, and in several places penetrated by abscesses, which required the gouge. The case was, indeed, a bad one, and at the time of the operation one of my colleagues said: "If that man gets well, I believe that any man can." The wound was dressed with carbolized oil, and placed upon a bracketed splint. He did perfectly, had no bad symptoms, and was discharged from the hospital, well, on July 25th, 1873, a little more than three months after the operation.

He was then able to walk easily and well, and soon went to work driving the horses of a street car, and for pleasure, when off work, taking long walks.

The result obtained in this case most strikingly illustrates the benefits which may sometimes be obtained from excision, as a consideration of the following points will more fully show:—

The time occupied in treatment after the operation was only three months. The usual average is about eight months.

The wound was entirely closed in that time, and has never reopened.

The bones were then firmly united together, and have remained perfectly firm ever since.

The limb is straight. There is no bending or bowing in any direction.

The shortening is three and one half inches, and is compensated by a thickened sole to his shoe. Part of the shortening is, probably, due to the fracture of the thigh, which occurred when he was twelve or thirteen years old.

He walks easily, and with only a slight limp. He can walk long distances, and rapidly, and does not use crutch or cane. Time has tested the usefulness of the limb. It remains useful after three years, and enables him to support himself and family by active labor.

A report on the

Therapeutic Uses of Compressed and Rarefied Air

was presented by J. Solis Cohen, M. D., particularly with reference to Waldenburg's apparatus. Dr. Cohen said:—

The only instance in which I have as yet had a fair opportunity to test the value of the apparatus, apart from all other treatment, has been a case of emphysema, with asthma, in a young lady who has suffered from asthma from her earliest recollection, and in whom the relief to respiration has been marked after each use of the apparatus, and in whom the vital capacity has increased from 1400 cubic centimetres to more than 1600 cubic centimetres in the course of one month. The use of compressed air is also indicated in cases of deficient expansion of the air-cells.

Inspiration of compressed air increases the intra-thoracic pressure, including of course that upon the heart and vessels; and the arterial walls are thus distended, so that the pulse becomes diminished in frequency, and full and hard at the same time. The treatment is indicated in dyspnœa from inefficient inspiration, whether cardiac or pulmonic, but it must not be pushed, lest it rupture the air-vesicles in delicate subjects.

Expiration into compressed air diminishes the quantity of air leaving the lungs, impedes the interchange of gases, and, if pushed, will produce apnœa. It is indicated in deficiency of normal expiratory power, to strengthen the auxiliary muscles.

Inspiration of rarefied air diminishes the amount of air inspired, diminishes the intra-thoracic pressure, and augments the external

pressure on the chest. It enfeebles the action of the heart, and the pulse becomes soft, compressible and more frequent. Pushed to excess, inspiration becomes difficult; and apnœa may result, and even hæmoptysis.

Expiration into rarefied air increases the amount of air expelled from the lungs, and causes the chest walls to contract to a much greater degree than is possible by the most powerful voluntary expiratory effort A greater amount of carbonic acid is expelled, and the succeeding inspiration is deeper and more refreshing. It thus increases the respiratory power, augments the vital capacity, and, in patients the walls of whose chests are still to some degree movable, tends to diminish the volume of emphysematous lungs and facilitate the restoration of the elastic contractility of the over-distended air-cells. The intra-thoracic pressure being diminished, blood accumulates in the intra-thoracic organs, and is withdrawn from the periphery of the body. The treatment is indicated in chronic bronchitis and in emphysema.

Thus, from a study of the mechanical influences of augmented or diminished pressure upon the interior of the air-cells, and upon the intra-thoracic organs generally, we can judge of the propriety or impropriety of the practice in any given instance. Considerable caution is necessary in the use of such a powerful agent as compressed air, especially when inspiration is not supported by an equal amount of pressure on the exterior of the body, as is the case in the compressed air-chambers, therapeutic apartments which apparatuses like that before us are intended to supersede. Where the pressure in the arterial system is already great, where there is congestion, or a disposition to congestion in important peripheral organs, as in patients with internal hemorrhoids, menorrhagia, disposition to apoplexy, etc., the use of compressed air is strongly contra-indicated, no matter what may be the direct physical result desired in the intra-thoracic cavity. In converse manner, rarefied air, which draws the blood from the periphery to the central organs, is contra-indicated in all cases in which increased afflux of blood to the lungs is to be avoided, and in cases of insufficient pressure upon the arterial system already present, as in disposition to hæmoptysis, active congestion of portions of the lung-tissue, weak heart, and so on.

The efficient use of the apparatus, and all of the same kind, requires from fifteen minutes to half an hour each time that it is employed. It is evident, then, that it will not come into use in general practice, but is more applicable to hospital practice, provided there are attendants who can devote a proper amount of time to superintend its use. For the reasons mentioned, it is hardly a safe apparatus to place in the hands of patients, for fear of the injurious results that may arise from its over-use. In the compressed air-chambers employed on the Continent of Europe for some thirty or forty years, the entire surface of the body is exposed to the same pressure, and thus a much greater amount of compression or rarefaction can be resorted to than in the use of an apparatus which limits the action to the respiratory surfaces. In the compressed air-chambers they use from three-sevenths to two-thirds of an atmosphere compression; with this apparatus we dare use but from one-eightieth to one-thirtieth of an atmosphere; and this is to be exceeded only with great circumspection. Still the portable apparatus is to be preferred to the air-chamber, because the remedial agent can thus be brought within the reach of the patient at his own home.

I would say that there are some simple methods of increasing or diminishing the intra-thoracic pressure at will, without the aid of any apparatus at all, and which may be resorted to with advantage under appropriate circumstances. These are: (1) Valsalva's method. A forcible movement of expiration, with mouth and nostrils closed, increases the intra-thoracic pressure, and has the same physical effect as the inspiration of compressed air; and the effect can be increased by external compression of the chest and abdomen; (2) deep and prolonged inspirations, with mouth and nose closed, will expand the chest and rarefy the air in the lungs, and the effect is the same as that of the inspiration of rarefied air; (3) expiration aided by external compression of the chest and abdomen has an effect similar to that of expiration into rarefied air.

A note on the

Anatomy of the Perineum.

was presented by Harrison Allen, M. D.

The perineum, used in the sense of that region which occupies the inferior outlet of the pelvis, is composed of two distinct elements, the splanchnic and integumental.

The splanchnic is represented in the pelvic fascia; the integumental in the external sphincter and transverse perineal muscles, superficial fascia, fat, and skin. It will be seen that the pelvic fascia is modified subperitoneal connective tissue. It should be described as distinct from the obturator fascia, which extends the entire length of the pelvic portion of the internal obturator muscle, terminating at the tuberosity of the ischium, where it is continuous through the falciform process with the great sacro-sciatic ligament. The continuity of these structures is of some significance when we learn that this ligament, as it is called, is in fact but little else than a fascial extension upward of the biceps flexor muscle, and is made tense when the thigh is flexed on the trunk, and relaxed when both the femur and the innominate bone are in the same line.

Two conclusions can be drawn from these premises: (1) that the biceps flexor, while aiding the semi-membranosus and semi-tendinosus muscles in maintaining the erect position, has also an important function not enjoyed by them, of making tense the sacro-sciatic ligament

in flexion of the hip-joint; and (2) that the tension of the ligament secures tension of the obturator fascia. Now the fascia in this way made tense yields an effective fixed point to the levator ani muscle. When the use of this muscle in the act of defecation is considered, viz., to support the rectum and to guide the direction of the pressure from above, it will be seen that the squatting position is the most natural one to assume in defecating, and that any interference with the play of the biceps over the tuberosity of the ischium impairs the efficiency of this act. The privy seat, which fixes the tuberosity in defecation, and the habit of relaxation of the parts above described, acquired by resorting to this questionable accessory of the modern dwelling, may be looked upon as related causes of many phases of passive congestions of the pelvic organs, and particularly of those leading to internal hemorrhoids.

THE MISSISSIPPI STATE MEDICAL ASSOCIATION

Held its ninth annual session in the capitol at Jackson, on the 31st of May and the 1st and 2d of June, the time of meeting having been postponed from the 1st of April to that time. The attendance, though not large, was sufficient for most efficient work, and no session of the Association has been more satisfactory and harmonious. The Association has the character of being the most orderly and working body of men in the State. At the late meeting it took an advanced position on several very important subjects, the most important being the creation of a permanent committee, composed of thirteen members, styled the Executive Committee, to have charge of the whole subject of medical legislation in the State. This committee will be expected to propose a system of registration laws, a plan for health boards, and propose such legislation as may be needed and practicable for the protection of the profession and the people against the dangers and damages of incompetent practitioners.

The papers read and the discussions were equal, if not superior to any heretofore presented, and doubtless the volume of Transactions will be one of unusual interest. The next meeting will be held at Grenada, in the first week in April, 1877.

Officers elected for the ensuing year:—

President—Dr. P. J. McCormick, of Yazoo City.

Vice-Presidents—Dr. R. G. Wharton, Port Gibson; Dr. A. G. Smythe, Baldwyn; Dr. —— Hall, Grenada; and Dr. D. C. McCallum, Westville.

Recording Secretary—Dr. Wirt Johnston, Jackson.

Corresponding Secretary—Dr. —— Rice, Brandon.

Treasurer—Dr. Robert Kells, Jackson.

Executive Committee—Dr. J. M. Taylor, Chairman, Corinth; Drs. W. M. Compton, Jackson; Robert Kells, Jackson; E. G. Banks, Clinton; P. F. Whitehead, Vicksburg; R. G. Wharton, Port Gibson; B. A. Vaughan, Columbus; A. G. Smythe, Baldwin; D. C. McCallum, Westville; E. W. Hughes, Grenada; B. F. Kittrell, Black Hawk; S. V. D. Hill, Macon; H. C. McLauran, Brandon.

Delegates were appointed to the American Medical Association, and to the International Medical Congress.

EDITORIAL DEPARTMENT.

PERISCOPE.

Carbolic Acid Poisoning.

Dr. W. H. Griffith says on this subject, in the *Medical Press and Circular*:—

"Many cases have been recorded of poisoning by carbolic acid, arising both from its internal use and from the external application of it to a raw surface. It gives rise to giddiness, nausea, a feeble pulse, delirium, coma, or collapse, and sometimes to severe spasms, ending in paralysis and death. The post-mortem examination reveals a liquid state of the blood, and a pale and shrunken condition of the lungs. There is intense venous congestion of the brain and its membranes; and in Neumann's experiments on the lower animals he found that carbolic acid caused congestion of the brain substance, and fatty or granular degeneration of the liver in the lower animals.

"Olive oil is stated to be the best antidote, but the combination formed by oils with carbolic acid tends rather to facilitate the absorption of the latter. The administration of albumen, which forms with the acid an inert coagulum, is unquestionably a better measure. Husemann considers that saccharate of lime acts more efficaciously, an opinion with which I am inclined to coincide.

"Most authorities state that the treatment of a case of poisoning by carbolic acid should consist, first, of the immediate administration of emetics; but as the alimentary tract is rendered insensible by the local action of the poison, emetics are entirely inoperative and utterly useless. Without doubt, however, the

stomach-pump should be used without delay, and plenty of milk and the reputed antidotes should be administered.

"Carbolic acid is largely used to prevent stenches. When offensive gases are once formed they are not destroyed by carbolic acid, as they are by chlorine or by permanganate of potash; carbolic acid can only prevent their generation.

"The fact of venous congestion of the brain having been observed as a consequence of carbolic acid poisoning has led to the adoption, by Dr. Moslen, of Griefswald, of venesection of the external jugular, with a successful result."

Linhart's Chisel for Excision of Bone.

The well-known surgeon, Mr. T. Holmes, related before the Clinical Society of London, lately, the particulars of a case, for the purpose of introducing Linhart's chisel to the notice of the meeting. The patient, a married woman, aged forty-five, had had swelling and pain of the left ankle for three years, these symptoms having gradually increased. An incision being made over the front of the joint, the astragalus was found to be diseased, and the end of the tibia eroded. Subsequently, an operation was performed, upon Esmarch's bloodless principle, and with the minutest details of the antiseptic plan. The astragalus was removed with the lion forceps, and the lower ends of the tibia and fibula were excised with Linhart's chisel. The wound was then thoroughly dressed antiseptically. Pus, however, formed within it, and had to be evacuated. At the date of Holmes' communication (two months after the operation), the wound was almost cicatrized. This chisel, invented by Herr Linhart, of Würzburg, was a stout instrument with an oblique edge, having a thick back, on which was a projecting ridge to catch the hammer, by which the weapon was driven through the bone. It could be driven with an equable motion through the bone in the same straight line as that originally formed by its edge, and could be stopped at the proper place. It never splintered the bone, and required no dissection around the bone to be removed. It would prove a valuable acquisition to the surgeon's stock of instruments, but required a moderately firm basis for the bone to be divided, and might possibly not always prove sufficiently powerful to deal with very much solidified bone.

Obliterative Arteritis.

Under the above title, Dr. Carl Friedländer, Assistant in the Pathological Institute at Strasburg, has described, in the *Centralblatt Med. Wiss.* (No. 4, 1876), what he states to be "an extremely common affection of the arterial system, which has, up to the present time, almost entirely escaped notice." It consists in the development of a connective tissue, very rich in cells, inside the innermost coat of the small and middle-sized arteries, which leads to contraction of the lumen of these vessels, and finally to its complete obliteration. The earliest stage of this affection consists in a growth of small, closely agglomerated cells between the innermost elastic lamellæ and the endothelium; later on, these cells increase in size, and a greater or less quantity of intercellular substance is formed, so that the tissue assumes the character of granulation tissue, and there may be, in addition, a development in it of new vessels. The new growth may either invade the whole periphery of the lumen or may project into the latter only from one side. It may preserve the character of granulation tissue for a long time, or else may develop into a tough and sometimes completely sclerotic connective tissue. The muscular coats may become completely replaced by connective tissue in some cases in which the vessels are involved, in such chronic inflammatory processes as are attended by much induration; for example, in the callous edges of ulcers and in chronic metritis. This "arteritis obliterans" is rarely *primary* in its origin; it is found wherever there is acute inflammation in the tissues which the vessels supply, or else where granulation tissue is the result of chronic inflammation, or where this has passed on into induration, or finally into caseation. As a "physiological type" of this affection, Dr. Friedländer mentions the process by which the ductus arteriosus and the umbilical arteries become closed in the fœtus after birth, for this chiefly depends on a similar cell-growth in the intima.

Reviews and Book Notices.

BOOK NOTICES.

Lectures on Fever; delivered in the Theatre of the Meath Hospital and County of Dublin Infirmary. By William Stokes, M. D., D. C. L. Oxon., F. R. S., etc. Edited by John William Moore, M. D, F. K. Q. C. P., etc. Philadelphia, H. C. Lea, 1876, pp. 264.

The eminent author of this work gives, in a series of hospital lectures, an abstract of his long studies of the febrile state. It forms one of the most instructive works which has appeared from the medical press for years. It is no rehash of other's views, but the condensed results of nigh half a century of observation. As such it merits the most attentive study of practitioners.

The writer divides his lectures into two groups, one upon essential fever and its secondary affections, the other on the treatment of fever. He is a firm believer in the theory of "change of type," but advances the opinion that there are now signs of a return to the former sthenic forms of disease, especially in pneu-

monic attacks. He doubts, therefore, whether we ought to appeal to the disuse of venesection as a proof of advance in the healing art.

Fever itself, he declines to define, but describes it in the following general expression. "Fever is a condition of existence, without any known or necessary local anatomical change, and subject to new laws, different from those of health." These words appear to us to convey a serious error, inasmuch as they intimate that health and disease are each forms or phases of life, only obeying different laws. This is a mischievous biological fallacy, which would lead to utter confusion in medical thought, if generally applied.

Fevers in general he divides into essential and symptomatic. Local changes are symptomatic, such as bronchial affections, pneumonic complications, etc. The condition of the heart in fever, including the general questions of the pulse and impulse, sounds and murmurs, occupy four lectures. There is little said of the very prominent feature of *heat*, and medical thermometry is omitted altogether in the body of the book, and only mentioned in an appendix of two pages written by Dr. Stokes' assistant, Dr. Foot! These omissions are extraordinary and hardly explicable.

The last dozen lectures are devoted to treatment. No specific line is recommended. He recommends strongly the use of stimulants in the early stages of fever, believing that often patients are lost by deferring their exhibition until signs of exhaustion are seen. At the same time he is careful to avoid routinism, and urges the sound doctrine that each case must be treated on its own merits. The numerical system, he thinks, has given rise to numerous fallacies. So it has, but the fault lay not in the system, but in the ignorance of its laws and uses. In a modified form it is that alone which should guide the principles of therapeutics. But we must leave the reader to study the book for himself.

Atlas of Skin Diseases. By Louis A. Duhring, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, etc. Philadelphia, J. B. Lippincott & Co. Part I. Price $2.50.

The first part of this Atlas contains plates, illustrating erythematous eczema, psoriasis on the forearm, erythematous lupus, and a pustular syphiloderm. These cases are all drawn and painted from nature, and chromo-lithographed with the utmost fidelity. The scale is about three-fourths natural size. Two pages of descriptive text, giving the clinical history of the case, is added to each plate, by the author. A close inspection of the coloring convinces the observer that truthfulness to nature has rarely been sacrificed to the technicalities of art. There is but one general criticism on this point which we have to make—the hue of the healthy skin, where shown, is too pink. This common error will become particularly apparent if the reader will place, say the plate of psoriasis of the arm, side by side with his own forearm. By this over-coloring, the contrast of healthy and diseased tissues is, to some extent, impaired.

The representations of impaired structure are exceedingly characteristic, and as they are not copies from other atlases, but from actual cases under treatment in this city, they have a value which no foreign lithographs possess. For there can be no doubt but that the peculiar conditions of heat, moisture, and other atmospheric surroundings to which the surface of the body is exposed in our climate, lead to quite different aspects in skin diseases from those presented by nominally the same ones in London or Vienna.

This important consideration sets forth the necessity, or at least the manifest advantage, of the practitioner making use of an American atlas rather than one published abroad. And as this one of Dr. Duhring is the first one drawn from local sources, it is an additional and a strong claim in its favor.

The price, too, is very moderate; twenty or twenty-five dollars will purchase the whole series of thirty-two or forty plates (as the work runs either to eight or ten parts) being little over fifty cents a plate for chromo work, done in the most perfect manner. Certainly no one can ask work of this character at a less price.

One possible misapprehension we wish to remove. Dr. Duhring has chosen his cases, not to show dermatological curiosities for the satisfaction of specialists, but to place before the general practitioner typical examples of common skin diseases. His atlas is aimed to instruct the practicing physician on a group of usual but troublesome complaints, troublesome to diagnose, and often more so to cure. This class should become purchasers of the work, and we trust they will do so to a large extent.

THE

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THE RELATIONS OF SEX AND SPECIES.

Few subjects with which the mind can be occupied, perhaps not one, have weightier bearings than the sex difference in organisms. The problems of social life, of individual, family and national destiny, find in it their solution. The history of species and their evolution and retrogression must be read by its light. And outside the pale of organism, the laws of polarity, of physical attraction and repulsion, of chemical affinity, and of the dichotomic process of thought, indicate beyond a question that the sexual difference is but one expression of a fundamental law of things, co-equal with existence, as all-embracing as phenomena.

More than three-quarters of a century ago, WILLIAM VON HUMBOLDT, in an essay replete with the intuitions of genius, sketched, in terse and masterly words, the outlines of a comprehensive study of the subject. Half a century subsequent, Professor BOOLE developed, by processes of startling originality, its mathematical aspects and applications. And since his untimely loss to science, the researches of LAYCOCK and DARWIN have illuminated it from the side of organic reproduction.

As physicians, it is the last-mentioned studies which interest us most nearly, especially as they refer to the human race. Very little has been positively ascertained in this field. Whether the sex is determined by the male or female parent, whether by the amount of nutrition or by mental impression, are unanswered queries. The laws of heredity are not yet established, and those of propagation and population continue to be actively debated.

A late contribution to the literature of the latter topics is an essay by Dr. NATHAN ALLEN, of Lowell, Massachusetts.* On previous occasions we have spoken of this author's opinions, and have not been able to do so in terms of approval. He is a believer in the progressive dying out of the native American population, and in the pamphlet before us (p. 38) repeats this view, though through the researches of Dr. BAKER and others it may be considered exploded.

This fallacious premise led, he tells us, to a study of the "normal standard of woman for propagation." And where, the reader naturally inquires, does he go to seek the ideal woman, most fit to become the mother of heroes? The answer is curious. Misled by the stories of easy parturition told of savage women by travelers (*qui vient de loin peut bien mentir*), and with a belief in the happy "state of nature" worthy of ROUSSEAU, he looks for her in semi-barbarous conditions, such, we suppose, as that of the Aztecs or Abyssinians.

Any careful study of the condition of women in those nations will refute this view; but instead of going in that direction, Dr. ALLEN prefers to inquire "What was the organization of man at his creation"? This he investigates from the Mosaic record, and then in the light of

* *The Normal Standard of Woman for Propagation.* pp. 39. William Wood & Co., New York.

what he says is the Darwinian theory. His appreciation of the latter may be judged from his statement that it is impossible to understand the changes of organisms unless we set up a normal standard, a perfect type, to act as a general measure for them. Now, this is precisely what the evolutionists refuse to do under any persuasion. They insist that all such standards and norms are nonsensical figments. The conditions of life are constantly fluctuating; functions and organs are constantly varying, not merely with reference to these conditions, but as effected by parentage and atavism; and there is and can be no fixed general law of propagation.

If we assume that the perpetuation of a species (man or any other) is "the design of nature"—a most unwarranted supposition, and faulty expression, by the by—this object will, under some circumstances, be most surely accomplished by few births, toward which end painful and perilous parturitions will sometimes be useful as deterrents, and under other circumstances by many births. The law, therefore, if it could be given mathematical expression, would be represented by a variant, not by a surd. In man the conditions are most complicated, and Dr. ALLEN's conclusion, that the perfect type of woman for propagation is that of a good wet-nurse, indicates that his horizon is a very narrow one to survey so extensive a field.

NOTES AND COMMENTS.

Cysticerci in the Eye.

The *Lancet* states that at a recent meeting of the Berlin Medical Society the question of cysticerci in the eye was discussed. Whilst it was contended that the duration of life of the entozoon in the human eye was not extended over more than one year or a year and a half, when it became encysted in the vitreous body, observations of the late Professor von Graefe and others were cited, according to which the cysticercus may remain active for a period of six or seven years. Professor Lewin, in a lecture on Cysticerci of the Skin, declared in favor of spontaneous migration of the hydatid worm, in opposition to the opinion of another member, who assumed the theory of passive locomotion by the blood-current. Von Graefe observed in two patients cerebral symptoms, which disappeared when the cysticercus made its appearance in the eye, and in one case he saw cerebral disorder a year after the entozoon had entered the eye. Unstriped muscular fibres in the neck and in the membrane of the caudal vesicle enable the worm to move like the trichina. Von Graefe's description of the mode in which the cysticercus "broke into the vitreous body" also supports the theory of spontaneous motion. He states "that the spot of irruption into the interior of the eye may be anywhere, and is pretty often in the upper half of the visible background." The subsequent lowering in the corpus vitreum takes place in a diagonal direction, not simply by the law of gravitation. The case of a woman was cited in whom the entozoon had been found twenty years ago, and who had since served as a subject for ophthalmoscopic demonstrations in the Breslau Medical School.

A Secret Remedy for Asthma.

A writer in the *Peninsular Journal of Medicine* says:—

Some time ago we had occasion to analyze "Langell's Asthma Remedy." It was a mixture of ten or twelve parts of coarsely-powdered belladonna leaves with one part of powdered nitrate of potassium, dried together. The packages were about two ounces (judging from memory), and were priced $1.25 each. Pharmacists would put it up to order at fifty or sixty cents a pound. On igniting a portion, on a plate, combustion slowly extends through the mass and the patient inhales the smoke. It is said to give prompt relief, and to be asked for.

Effects of Arsenic-eating.

A late observer in Styria, Dr. Knappe, says:—

Arsenic-eaters are, in all cases with which I am acquainted, of healthy appearance, and with sexual desires strongly developed. I am of opinion that only strong persons can accustom themselves to it. They attain sometimes great age. I saw in Zeiring a still very strong charcoal-burner at the age of 70, who had taken arsenic, it was believed, for forty years. I have never noticed in habitual arsenic-eaters any

arsenical cachexia. It happened, however, that an arsenic-eater, a currier's apprentice in Liegist, 1865, took while intoxicated an overdose, and brought upon himself an acute attack of poisoning. According to his statement, he had taken a piece the size of a bean. He recovered, however, and again took to arsenic-eating, but with more circumspection.

The Management of Piles.

In some remarks on this subject before the Harveian Society, of London, Mr. A. Cooper advised that in all cases of piles the general health, the diet, and the digestive organs must be attended to. When the piles were external, astringent lotions were to be preferred to ointments; if necessary, the pile might be incised, and the blood-clot turned out. In internal piles, in addition to the general management, it was desirable to adopt as local treatment the application of iced water to the mass when down, and to return it with a little simple ointment. In florid people, piles often gave relief, and it was undesirable to remove them; but when the patients were exhausted by loss of blood, by the irritating discharge often present, or when the protruded mass caused much inconvenience, then removal by the clamp and actual cautery, or by ligature, was indicated.

System of Night Practice in Paris.

The plan on which night practice is arranged in Paris seems equally convenient for the patient and practitioner. The Municipal Council have caused lists of medical men willing to be called to patients in the night to be suspended in all the police stations. When assistance is required, the friends repair to the office, choose a medical man from the list, and are taken to his residence by a police officer, who also accompanies the doctor to the patient's house. For this visit ten francs are to be paid either by the sick person or the authorities, according to the patient's circumstances.

Arsenic from Curtains.

An English physician discovered in a lady symptoms of arsenicism. His attention was drawn to the calico lining of the chintz bed-curtains. This material was of a delicate green color, and, on examination, proved to contain a very large quantity of arsenic. This lady's husband used frequently to wake in the morning suffering from nausea, with a feeling of weight and oppression about the chest; and his eyes became inflamed. These symptoms all subsided on removing the curtains.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter VII.

THE MEDICAL CHEMISTRY OF GERMANY, GREAT BRITAIN AND FRANCE, IN THE MAIN BUILDING.

Centennial Exhibition, July 13th, 1876.

Ed. Med. and Surg. Reporter:—

In the present letter I shall confine myself to the medico-chemical exhibits of Germany, Great Britain and France, in the Main building. The few chemical drugs worthy of notice in the displays of other nations will be referred to when considering the materia medica and pharmacy of foreign countries.

Germany occupies the space just south of the nave and west of the transept, and is, therefore, on the left hand of the visitor entering from Elm avenue, by the south entrance. Starting again from the vicinity of the music-stand, I traveled in a general southwesterly direction, coming at once upon the chemical exhibits, which are in the eastern portion of the German section.

Along the transept, just south of the famous "cologne" house of Johann Marie Farina, is a large case containing several exhibits.

Dr. F. Wilhelm presents oil of bitter almonds, jars of benzoic acid, and a few other chemicals.

Friedrich Jobst, of Stuttgart, has in his exhibit small but beautiful specimens of morphia, thebain and meconine, and numerous salts of quinine.

E. Scheering, of Berlin, has a truly valuable and fine-looking display, some of his preparations being unsurpassed in the Exhibition, among which might be mentioned, as especially worthy of attention, tannic, gallic, pyrogallic, and salicylic acids; sodium tungstate; chloral and croton chloral.

In another case, further westward, I came upon the exhibit of Dr. F. Von Heyden, of Dresden, which contained a number of fine specimens of salicylic acid; and also upon that of Saame & Co., of Ludwigshafen, who have a collection of pure acids and potassium salts, and splendid samples of chloral hydrate.

The German space, however, is especially rich in rare chemicals, some of which have a direct and others an indirect connection with medicine, and in illustrations of chemical technology. Colors and dye-stuffs are largely and brilliantly represented. Sodium, potassium, ammonium, and zinc salts are exhibited by a number of firms. Standing by itself, on the western side of the general chemical ex-

hibits, is a striking display of alkaline salts and maps of some of the works from which they are obtained. C. A. F. Kahlbaum, of Berlin, offers for sale a "highly scientific collection" of alcohol preparations and other chemicals; H. Tromsdorff, of Erfut, has a large array of rare and beautiful chemicals, mostly not medical; and another fine exhibit, a focus of attraction for chemists, is that of Dr. T. Schuchardt, of Görlitz, Prussia. His collections of minerals and chemicals are wonderfully complete, embracing many of the rarest substances. Dr. C. L. Marquart, of Bonn, exhibits such chemicals as lithium carbonate, propylamin, chromic, butyric, and hydrofluoric acids, etc. Paraffine, perfumes, porcelain chemical ware, glass, soaps, etc., are also well exhibited.

Great Britain is found directly opposite to the German Empire and Austria, on the north side of the nave. The chemicals and pharmaceutical exhibits are well toward the northern side of the building, from E 30 to 33.

Traveling from west to east, the first medical chemicals that attracted my attention were in the exhibit of Alfred W. Gerrard, F. C. S., of London, in the centre of whose case was a beautiful mass of potassium bichromate, manufactured by John and James White, of Glasgow. I noted also, along with a few fine pharmaceutical preparations to be spoken of in another letter, specimens of chrysophanic acid, iodoform, monobromo-camphor, bromide of quinine, pilocarpine and its nitrate. This pilocarpine is the alkaloid and active principle of jaborandi, and is stated to have been discovered and prepared by A. W. Gerrard.

Above the display of Gerrard, is that of T. Morrison & Son, of London, which is exceedingly attractive, consisting of large jars of zinc valerianate, lime lacto-phosphate, quinine iodide, aloine, glacial phosphoric acid, gallic acid, creasote, pure pepsin, morphia sulphate, podophyllin, gelatine, meconine, and aconitine.

Evans, Lescher & Evans, of London, and Evans, Sons & Co., of Liverpool, wholesale druggists, include in their large and tasteful collection some fine chemical drugs. Allen & Hanbury, just eastward, have in their exhibit ammonio-citrate of iron. These firms will be noticed again in a letter on "Pharmacy."

Calvert & Co., of Bradford, Manchester, England, display carbolic and cresylic acid and derivatives. In the centre of their collection is a large mass of pure carbolic acid, surrounded by a gilt frame; and here are seen carbolic acid soap, carbolic acid sheep-wash, carbolic acid disinfecting powder, etc.; various sulphocarbolates, and carbolized tow. Picric acid, cresylic acid, and aurine are also shown in excellent specimens.

Ireland is represented by Mr. Thomas Jennings, of Cork, who has a very fair exhibit of magnesia.

F. & H. Smith & Co., manufacturing chemists of Edinburgh and London, have a splendid medico-chemical exhibit, including such substances as codeic and its sulphate, apomorphia, cryptopia muriate, caffeine, narceine, nicotin-muriate, gallic, tannic and boracic acids, iron and quinia citrate, etc.

The chemistry of the arts is well represented in the British space by such exhibits as gunpowder, colors and dyestuffs, inks, varnishes, silicate paints, and alum; but the chief chemical glory of Great Britain is its illustrations of alkali manufacture. Sodium, potassium, and ammonium salts, as used in commerce, are exhibited in large quantities and on every hand, by a dozen or more firms. The word "soda" constantly greets the eye—soda ash, soda sulphate, caustic soda, soda crystals, etc., etc. Among the establishments exhibiting, I noted Richards, Kearne & Gasquoine, of Cheshire; John Hutchinson & Co., and numerous other houses, from Widnes, Lancashire; the Liver Alkali Works Co., of Liverpool; the Newcastle Chemical Works, and the Greenbank Alkali Co., of St. Helens, Lancashire. In the display of this last company I observed some beautiful iridescent crystals of potassium chlorate. J. Corbett, M. P., of the Stoke Prior Salt Works, Worcestershire, exhibits specimens of table salt formed into massive blocks and scroll-work.

Passing now eastward into the exhibits of France, the medical, chemical, and pharmaceutical collections are found in the "forties," near the northern side of the buildings, across the hall in a straight line from some of the most important exhibits of a similar character in the United States space. Although France presents a goodly number of elegant pharmaceutical articles, she, strangely enough, has but little to offer in the strict chemico-medical line. Technical chemistry, however, is well illustrated by a number of handsome displays of colors and dyestuffs. A. Poirrier, of Paris, manufacturer of aniline dyes, has a particularly elegant exhibit, embracing large and beautiful specimens of Paris violet, saffranine, diphenylamine blue, etc., probably the most attractive of all being the chlorohydrate of rosanaline.

G. Bubaton & Co., of Marseilles, exhibit three large jars of sodium bicarbonate. Among the pharmaceutical preparations of Ch. Torchon, of Paris, chloral in various shapes is presented, a cobaye preserved by an injection of chloral being also shown. Boude & Son, of Marseilles, display sulphur in cylinders, and sublimed, and triturated.

The United States have more to offer in the way of chemical drugs than all other countries combined; but the quality of a few of the preparations of Germany and Great Britain cannot be surpassed. Germany is preëminent among foreign nations in the department of chemistry. France contributes but little, but does better in general pharmacy.

Yours, C. K. M.

—The increase in the use of hasheesh in the Ottoman Empire is so great that very stringent orders have been enacted to limit its cultivation and sale.

News and Miscellany.

The Heat.

The intense heat of the past few weeks has been entirely without parallel in this city. The thermometrical record at the Philadelphia Hospital shows a maximum temperature on five days not exceeded by any one day since 1825. From 100° to 103° have been registered on excellent instruments, well protected from the sun.

The weekly mortality has increased about 50 per cent. over the average, the deaths principally among children. Sunstroke has also been frequent. In New York city the mortality for the week ending July 15th was much more formidable than any before reported. The returns from all the cemeteries, up to noon, foot up 1298, against 858 the week preceding. The increase was at a rapid ratio for a succession of six weeks, as thus:—Week ending June 10th, 460; 17th, 459; 24th, 443; July 1st, 636; 8th, 838; 15th, 1298. Of the latter, it is safe to say that at least 450 were the results of the excessive heat.

Principals of Deaf-Mute Institutions.

The Third Quadrennial Conference of the Principals of Institutions for Deaf Mutes in the United States and Canada met July 12–15, in the Pennsylvania Institution, Broad and Pine streets. The President, Rev. Thomas MacIntire, was in the chair. The attendance was full, and much of special interest was submitted.

Dr. Gallaudet, of Washington, from the Committee on Business, reported resolutions, which, when amended, were as follows:—

Resolved, That in the education of the deaf and dumb the place of prominence and honor should be accorded to the intellectual and moral training of the pupil, followed by thorough and well-provided instruction in industrial labor.

Resolved, That deaf and dumb pupils require, for their proper intellectual development while in school, the equivalent of five hours of daily instruction, for five days of the week, during nine months in the year, for seven years, under the direction of well-educated, vigorous instructors.

Resolved, That instructors of the deaf and dumb ought not, as a rule, to be required or permitted to spend more than five hours a day in the work of the class-room; but they should be expected to divide the remainder of their time between study, recreation and exercise, in such manner as would prepare them to sustain the strain upon their intellectual and nervous forces, which is inevitable in a proper discharge of their duties as teachers.

Emotional Insanity.

A trial for murder, at Rock Island, Illinois, has lately been concluded, which is interesting, because it raised the direct question of "emotional insanity" on the part of the murderer, without complication with other pleas in defence. Brita Nelson, a Swede, and the wife of a miner named Peter Nelson, killed her husband by beating him on the head with an axe and cutting his throat. According to her own story, a man named Peter Wickland, who boarded with her, and had won her affections, advised her to commit the murder. She made no effort to conceal the crime, and expressed no emotion at any time after her arrest. The only plea in defence was that the prisoner had committed the murder in a fit of "emotional insanity," and as to this the testimony of experts was taken. The jury, after twenty-two hours of deliberation, found a verdict of not guilty, on the ground of insanity. While the jury was deliberating, the prisoner was delivered of a child, but this fact was unknown to the jurors at the time. There was no evidence that Mrs. Nelson had ever before shown symptoms of insanity, and the most that was said of her, by physicians who examined her afterward, was that she was "dull," and seemed to be mentally weak. The chief evidence of her insanity was her brutality and insensibility to the atrocity of her offence, and the fact that she exhibited no remorse and no fear of punishment.

Personal.

—At Corsicana, Missouri, Dr. Halliday, while walking home with his wife and another lady, was shot dead by a ruffian named Crawford. It is supposed Crawford was hired to commit the murder.

—Foreign advices record the sudden death of the eminent German military surgeon, Dr. Stromeyer. On the morning of June 15th he rose in his usual health, and at ten was dead, from apoplexy, after a few minutes' illness. He died in harness, being actively occupied in his profession till the last. Two years since, Stromeyer published, under the title of "Recollections of a German Surgeon," his autobiography. It created much interest in Germany. This book is full of interesting details on places and men, the Danish wars, the overthrow of the King of Hanover, the last great war, etc. Besides the details given concerning the teachers under whom Stromeyer himself studied in various German universities and in London, his own experiences as a professor are vividly set forth. Only in April last Stromeyer had all possible honors heaped upon him at a semi-centennial celebration of his doctorate.

—The death is reported of Dr. Pétrequin, Professor of Surgery at the Lyons, France, School of Medicine. Prof. Pétrequin was not only conspicuous by brilliant qualities as a surgeon and a teacher, but was noted for his vast erudition and the manner in which he brought before his professional brethren some of the medical works of the ancients. He paid particular attention to the surgical works of Hippocrates, which he translated and enriched with copious notes.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

A CLINICAL LECTURE ON TERTIARY SYPHILIS.

BY DR. F. F. MAURY.

Reported by Dr. Charles Winslow Dulles, Resident at Philadelphia Hospital.

Gentlemen:—In speaking of syphilis, I like to divide it into four stages: the primary, in which the genitalia are affected; the secondary, in which the disease becomes constitutional and attacks chiefly the skin and mucous membranes with their appendages, as the hair, nails, etc.; the tertiary, from whose ravages no tissue of the body is exempt; and the quaternary or hereditary form.

The three cases I present to you to-day are selected as beautiful illustrations of tertiary syphilis, showing how it attacks progressively the whole economy, and reduces its victim to suffering and death.

The negro standing here received his primary inoculation two years ago. Over his body you see the marks of old lichen, a universal scarring. At various points we find enlarged lymphatic glands. But more noticeable are those tumors upon his breast, over the sternum and ribs. Gummata they are called. They feel doughy and resisting, and are especially common in the negro race. In his case the tertiary stage has not progressed very far. His muscles are full and round; his general health is not very bad; he does not suffer much pain, and we can treat him with some hope.

But now I show you a case where I cannot speak so cheerfully. The second patient has advanced further than the first, although he tells us he received the inoculation only fifteen months ago. You must not be surprised at this, for the disease we are considering attacks more violently some than others, and runs a rapid and destructive course in those who are broken down by dissipation and surrounded by bad hygienic conditions. The man before you exhibits scars of a former ecthyma upon his legs. He is emaciated. From a weight of 142 pounds, he has been reduced to about 90 pounds. His expression is anxious and indicative of suffering. Nor does this mislead you, for about three weeks ago he began to be tormented with those pains in the bones so common to tertiary syphilis. These pains are situated in the diaphyses of the bones, unlike those of rheumatism, which affect the extremities. They are most violent at night, and often make a man cry and moan hour after hour. The poor fellow tells us they come on about 3 P. M., and increase in violence through the night. If you see such cases you will find that they toss in their beds, they try in vain to find a cool place, they grasp their pillow in both hands, they ache and groan, and long for sleep, until, just before morning, worn out and exhausted, they fall into a doze and get a little respite, only to awake before long to go through the same pitiable round of pain and weariness. To such a state this man has been brought in fifteen months.

And now, let us look at our third case.

This man has a facial expression which is remarkable, and in some respects characteristic.

It may be called the *facies syphilitica*. Not that I believe it has a very great diagnostic value, but that, taken with other symptoms, it is an important part of a familiar picture to the experienced surgeon. Looking further, we cannot fail of observing the ravages of the disease evident in our patient. I have told you it spares no tissue; its lowly-organized growths may be located in the brain, the heart, the lungs, the loins, the glands, and in the bones. A tumor pressing upon the brain may destroy reason, or abrogate one of the special senses. The disease impoverishes the blood, depraves the system, and puts life itself in jeopardy. The case before us is an eloquent confirmation of what I am saying. You see he has lost his penis. It sloughed away. His belly is hard and tense, and puffed out. His body and limbs are emaciated. The skin is closely adherent to thin and wasted muscles, which scarcely cover the bones. His legs feel like those of a "hide-bound" horse. His weight I should estimate as not over ninety pounds; whereas he formerly weighed about one hundred and fifty pounds. The circumference of his thigh is only nine inches. Along the line of the subcutaneous bones you find what are are called nodes, the result of inflammatory deposit from the periosteum. These are very common on the tibia, and rarely found on the fibula. In tertiary syphilis the substance of bone is sometimes eburnated, or ivory-like, and sometimes softened and degenerated.

In this case I think it most likely the latter condition exists, judging from what I have observed. The patient, like the one spoken of just before, is a great sufferer from osteocopic pains, or osteocopes. When he speaks you observe the peculiar tone of his voice. This is due to disease of the larynx, probably thickening of, or deposit upon, the vocal cords, or even stenosis. His hair has fallen out; and you easily see confirmation of his statement, that the bones of his nose have decayed and come away. Thus you have a picture of the ravages of tertiary syphilis.

Now, as to treatment. If you say that mercury, properly administered, is a sovereign remedy in primary syphilis, you cannot say the same in tertiary. Mercury defibrinates the blood, reduces its plasticity, and would do harm here. These patients are too weak now, and need support. So we must first address ourselves to their alimentation. They must have a good diet of fresh milk; tender, rare beefsteak, concentrated soups, and such easily digested and nutritious food. They must have fresh air, and all helpful hygienic conditions. To this may be added a little whisky after meals, and some quinine and iron, with any other delicate tonic. In cool weather, cod liver oil is often serviceable. These are to be regarded more as nourishment than as medicine. Of the latter there is none so good as the iodide of potassium. This is in tertiary syphilis what mercury is in primary. It should be given in full doses and watched to see that it does not cause gastralgia or disturbance of the digestion. A hundred grains a day is not too much to give. And it will often act quickly and efficiently upon the pains in the bones. In giving it for this purpose you should not wait until the pains come on, but anticipate them with your remedy. If the potash loses its efficacy you may try the iodide of sodium or ammonium, though these are more apt to irritate the stomach, and have not been fully tested yet.

Do not trust too much to anodynes. Morphia, especially in large quantities, acts badly upon the secretions and digestion, and should be given, if necessary, in small and repeated doses. In the present case, the house-surgeon has been able to control the pains pretty well with the following prescription:—

℞. Morphiæ sulph.,
Strychniæ sulph., āā gr.ss
Calcii bromidi., ʒj
Syrupi,
Aquæ menth. piperit., āā fl.ʒiij.

Sig. A tablespoonful as needed.

The plan has been to give the medicine three times at night, if the patient is awake and suffering, and as often during the day, if necessary. Usually, not more than one dose is taken at night, as the patient sleeps a good deal now.

You may ask what will be the effect of treatment in cases like these? Can we restore these wasted muscles and shrunken forms? No, we cannot. It is too late to expect much in the two cases last named. The other man, the negro, may be able before long to return to his usual occupation; but these men can only be made a little more comfortable while they live. The prognosis for them is very unfavorable, because the disease has produced structural changes in different organs, which no art of the surgeon can restore to their normal condition.

Communications.

A CASE OF SUPRA-PUBIC LITHOTOMY.

BY A. R. KILPATRICK, M. D.,
Of Navasota, Texas.

Having seen a report of a case treated by Dr. T. W. Deering, of Chicago, published in The Medical and Surgical Reporter of April 29th, 1876, page 349, and also a request for other similar cases, I have concluded to send the following. I could summarize the report in a very few lines, but extend it somewhat, in order to show the condition of society and of the profession in the Southwest forty years ago.

I was then a young man, barely past my majority, having received my diploma before I was fully twenty-one, and had been in the State and neighborhood where the case occurred only a few months, consequently I was not prepared for such an occasion.

In the parish of Avoyelles, Louisiana, in the year 1838, Mr. John O'Quin had an old negro man, aged about 55, who had been suffering many years with irreducible scrotal hernia, about eight inches in diameter each way, and had for a few months complained a great deal of "gravel," painful micturition, and supra pubic suffering. He was a "field hand," and worked with the other negroes, but was not able to do full work, frequently laying up on the sick-list. I had no knowledge of the case until I was informed by Mr. O'Quin that he would be pleased to have me come to his house on a certain day, and witness an operation of cutting. for stone in the bladder, on one of his negro men. Of course, I was delighted with the prospect of witnessing and assisting in such a grand surgical procedure, and readily promised him to attend. He said the surgeon (or doctor) was a French surgeon, just from Paris. I had heard, just before, that quite a dashing French physician had arrived from Paris, with many titles and a full armamentarium, who was rapidly rising into great renown as a splendid operator, and who had located in our court-house town, Marksville, about twenty miles from my place of abode. I promised myself great satisfaction as well as benefit from seeing the operation, and read over my text-books, so as to prepare myself on lithotomy. Liston was then renowned, and our own Gibson, Mott and Geo. B. McClellan were looked up to by Americans.

The day arrived, and having nothing but a pocket case of instruments, I took them along. thinking he might need an extra needle, forceps, tenaculum or some other instrument. It was ten miles to O'Quin's, and I hurried down, fearing the Frenchman might get through before my arrival. There were a few neighbors there, mostly Creole Frenchmen, to see and assist. The doctor had not arrived, and we all soon began to be impatient.

After a while O'Quin said, "The doctor's coming!" I looked toward the gate, but saw only a country lout, dressed in dirty brown linen clothes, dilapidated cloth cap and a pair of deer-skin moccasins, walking toward the house. I looked further for the doctor. in his fine turnout of bays and buggy, but the *other* was the great French surgeon who was to operate. I was disappointed, almost indignant, when O'Quin introduced him as Dr. So-and-so. This was altogether another man, who was strolling through the country among the Creole French; there was a genuine French surgeon at Marksville. This man seemed to be a runaway cook or hospital nurse, as subsequent events tended to prove. He could not speak English, nor could he understand much of the language, or it suited his purpose for that impression to prevail.

After some parley, we proceeded to the negro quarter, where the patient was, and prepared for the operation. He had not notified O'Quin what would be needed, so it was some time before everything was ready. The patient was placed on a table, his feet tied below to its legs, while his hands were secured by ropes to a revolving windlass, constructed impromptu, some distance above the back of the table, fastened to the joists and wall of the house, and having long wooden pegs or levers inserted in auger holes in one end of it. By turning the windlass the patient was entirely at the mercy of the operator. That was before the discovery of chloroform, so a dose of brandy and tinct. opii was given him. I tried to find out from the doctor (?) if he had sounded for the calculus; if he was certain there was stone in the bladder? No; he had not sounded, but there was stone there, he was certain. Our conversation was carried on by one of the Creole neighbors, who understood English and French, and interpreted for us. But my astonishment was unbounded when I found out he had only a few loose instruments from a pocket case; no male catheter, no sounds, or any other instruments

with which to operate, except a bistoury and forceps. I had expected all the while to see the lateral operation, but ascertained he intended to perform the supra-pubic. He took my instruments to work with, and introduced a female catheter to draw off the urine! The urine was so evacuated, but the patient could have discharged it voluntarily, had he been requested to do so.

He shaved the pubes, and began an incision in the linea alba, at the symphisis, extending up about four inches. He cut very slowly and very carefully, as though he apprehended dividing an important artery, or suddenly wounding the peritoneum. After making the first incision, he ran his finger along in the opening, feeling very cautiously, all the time jabbering, gesticulating, and shrugging his shoulders. Then he cut again, in the same line, feeling again carefully, and repeating that procedure an indefinite number of times, till my patience was about exhausted, while the poor negro writhed and groaned incessantly. I think he must have taken fifteen minutes, and as many strokes (slow strokes) of the bistoury, before he penetrated the cavity of the abdomen. Fortunately, there was scarcely any hemorrhage. After looking and feeling for the bladder, he got me to assist in making pressure, to prevent urine escaping into the peritoneal sac. I improved the opportunity to feel the bladder for the stone, and my conclusion was that no stone was there. He finally opened the bladder, and explored for the calculus with his fingers and with the female catheter, but could find none. I examined carefully, with the like result, but discovered that the entire cyst was very much diseased. The walls were thickened and hard, while the lining coat was ulcerated throughout, presenting the greenish, sloughy appearance of a sore leg. His countenance fell when this result was reached, and his garrulity considerably abated.

O'Quin took me out, and said he was sorry he had employed the quack, and he had a mind to drive him off the place. I was of his opinion; but being young, inexperienced, and a stranger in the neighborhood, I felt no inclination to involve myself in a difficulty. Moreover, the doctor had promised to operate also for the hernia, and reduce and cure it, and I wanted to see how he would succeed in that case. When he went to close the wound, he made no sutures in the bladder, and commenced sewing the skin with the *continued*, or glover's suture, but I suggested that the interrupted suture would answer as well, and give the patient less pain, so he closed it in that way.

In operating for the hernia he was equally as slow as he had been in the other. He opened down, over the inguinal tract, about four inches, and found that there was *complete* adhesion between the scrotum and its contents, and that it was omentum, and *not* intestine; so he failed completely there. He closed the place with interrupted sutures, and applied the usual adhesive strips and dressings, and released the poor negro from the rack he had been on for fully two hours.

From the age of the patient, and the diseased condition of the bladder, I anticipated that he would die about the fourth or fifth day, but he recovered, and lived several years, and died of some other disease.

When this took place, that part of Louisiana was comparatively a newly-settled country, or, at least, the Americans had been there only a few years, and the French had been keeping stock farms in the prairies some miles from there. I never met that French doctor again, nor do I know what became of him. I am glad I have an opportunity of reporting the case, for it always has seemed a remarkable one, and worthy of being recorded.

RESULTS IN A CASE OF SWALLOWING A NICKEL COIN.

BY THOMAS M. WOODSON, M. D.,
Of Gallatin, Tennessee.

The case which I here describe has several features of general interest:—

Nellie ——, aged 3 years, accidentally swallowed a five-cent nickel coin, on Thursday, May 18th, 1876, at 11 A. M. Vomiting followed almost immediately, but failed to throw it up. The parents being greatly alarmed and excited, brought the child a distance of four miles, from their home to town, for medical advice.

The stomach rejected everything taken, not only food, but even a swallow of water being returned instantly. During the interim she was dull, listless, as from more or less oppression and nausea, but made no complaint of pain. Castor oil was advised but was instantly thrown up. Bowels acted very slightly next morning, without relief, or mitigation of any of the symptoms. Three five grain doses of

calomel, with one-quarter grain podophyllin each, were ordered, six hours apart, on Friday. This was followed with enemas, all without desired effect.

Sunday, seventy-two hours after swallowing, there had only been one slight action from the bowels, before mentioned, with still no change in the symptoms. At this time I gave fifteen drops of tincture of opii, which produced decided effects. One hour after this gave one ounce of castor oil, which was retained The vomiting, for the first time, was arrested for six hours while under the influence of the opium. A careful examination over the region of the stomach and bowels was made, but failed to detect any tenderness, distention, or other evidence of inflammatory trouble. During the evening and night the oil moved the bowels twice, copiously (without passing the coin). Monday morning, for the first time, she called for food, and was bright and playful. From this time there was an amelioration of the vomiting, but it continued, rejecting food and water, more or less, until Tuesday, May 30th, at 11 A. M., twelve days after swallowing, when the nickel was vomited up, greatly to the joy of the parents, and the relief of all trouble.

On referring to "Johnson's New Cyclopædia," under coinage, we find the five-cent copper nickel, weight 77.16 grains, troy, or five grammes; composition, three-fourths copper and one-fourth nickel, or nearly fifty-eight grains copper. The points in this case not devoid of interest are, were the nausea, vomiting, and oppression the result of mechanical irritation of the coin, or chemical action of the acids in the stomach on the copper? Why did it remain in the stomach without making its exit by the bowels, as is the most favorable and usual result when foreign substances of this kind are swallowed by children?

Dr. H. A. Schell, of our town, relates to me a case of some similarity. He was called, in consultation with several physicians, to a child which was quite reduced, having been sick for many days, the chief symptoms being irritable stomach, rejecting everything, without any cause or explanation. The case was one of obscurity to all present. It was suggested to allow the child to fill its stomach with cold tea containing a decided dose of ipecac. To the surprise and joy of all, it threw up a large butter bean, which had been swallowed raw, without the knowledge of parents or attendants. It was greatly enlarged by its sojourn in the stomach, and proved the cause of all the trouble. The child recovered without further treatment.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, May 10, 1876, Dr. Charles K. Briddon, President, in the chair.

Pott's Disease—Aneurism of Thoracic Aorta.

Dr. Lewis A. Sayre presented specimens of caries of the vertebræ and ribs, and aneurism of the thoracic aorta, with a history as follows:—

W. W., aged forty two, had enjoyed good health previous to eight years ago, when he was taken with a cough and pain in his left side, which developed into phthisis pulmonalis.

In June, 1874, he was thrown from a wagon and was injured. One week after the fall he suffered great pain in his abdomen, and was treated by a physician for inflammation of the bowels. He subsequently entered St. Luke's Hospital, suffering from Pott's disease. He could lie only on his abdomen, and suffered intense pain, which was relieved by extending his legs. On July 26, 1875, a plaster-of-paris splint was applied as a support to the spinal column In January last a swelling appeared on the left side of his chest, which was supposed to be a cold abscess, but aneurism of the thoracic aorta was subsequently diagnosed by Dr. Sayre. The patient died suddenly on April 26th.

Autopsy.—The left pleura contained five pints of blood. The seventh, eighth, ninth and tenth ribs were the seat of necrosis. The six lower dorsal vertebræ were eroded, and the bodies excavated. The aneurismal sac measured fifteen inches in diameter, thirteen in length, and was two and a half inches in thickness; it was filled with clotted blood The point of rupture was found near the angle of the ninth rib.

Rupture of Spleen—Abortion—Death.

Dr. Finnell presented a specimen of rupture of the spleen, with the following history:—

A woman, aged thirty-eight, the mother of three children, had always enjoyed fair health, and was three months pregnant just previous to her death. A short time ago she had lifted a stove, and felt as though something had given way internally. She was immediately seized with intense abdominal pain. A physician was called, who prescribed morphia, which failed to give the desired relief. The pain continued unabated for two days, but was somewhat better on the third day. The patient feeling better, took a bath. On the next day she was seized with labor pains, and on the fifth day after the accident was delivered of a dead

fœtus. Four hours after delivery the patient died.

Autopsy.—Bloody fluid to the extent of two pints was found in the abdominal cavity. No trace of rupture could be found along the intestinal tract. On further examination, it was found that, by pressing the spleen, blood oozed out from two fissures upon its surface. The organ weighed a trifle over five ounces; there was no extravasation of blood beneath its capsule, and the pulp was of the consistence of currant jelly. The liver was slightly fatty; the kidneys were congested, but healthy. There were no evidences of peritonitis.

Sarcoma of Orbit.

Dr. Knapp presented a specimen of sarcoma of the orbit, with the following history:—

A man, aged thirty six, emaciated and pale, came under the doctor's observation three or four months ago. He stated that during the war he had contracted syphilis and had never been healthy since. Two years previous to his consulting the doctor, he noticed that the right eyeball began to protrude, and one year later the sight began to fail. He had a scar on his forehead. The exophthalmus was so extensive, that it was impossible for the patient to close the lids. There was also a considerable amount of chemosis. On ophthalmoscopic examination of the fundus, choked disk had been discovered. The whole inner side of the orbit was filled by a soft nodular tumor. Slight motion of the eyeball could be performed. There was excessive suppuration. The patient complained of severe pain. An incision of the conjunctiva was made on its inner side, and the internal rectus muscle was divided. The tumor almost filled the orbit, and originated from the periosteum. The eyeball being pushed aside by the presence of the tumor, did not inconvenience its removal. It was detached by means of the scalpel and gouge. The optic nerve was then severed from the globe. The eyeball was replaced and the wound stitched. No hemorrhage of any account followed the operation. An ophthalmoscopic examination revealed venous congestion. Loss of sensation was manifested on the inner side of the eyeball after the operation. On the external surface sensation was still preserved. The patient felt well after the operation, but two or three days later he was attacked with persistent vomiting, which could not be relieved by creasote or any other drugs. He fell into a state of collapse, but, however, improved on the ninth and tenth days after the operation. He died comatose on the twelfth day. Albumen had been found in the urine only during the last days of the patient's illness. An ulcer appeared on the outer half of the cornea on the third day after the operation, extending to its lower part, and perforating it on the eleventh or twelfth day. An ophthalmoscopic examination at this period had revealed a whitish-red appearance of the fundus of the eye; some of the veins remained filled with blood. On the second and fourth days new retinal blood-vessels had appeared The retinal circulation had never been suspended after the operation. Arteries were recognized on the seventh day after the operation. The wound had discharged pus freely.

Autopsy.—The brain, the roof of the orbit and its contents, the chiasm and optic trunks, were normal, there being no inflammation resulting from the operation. Fibrous gummata were found in the liver and in one of the testicles; the latter organ was filled with cheesy matter. The spleen was lardaceous; the kidneys were the seat of acute and eroupous inflammation. The disease had originated from the periosteum, had entered the lower orbital fissure, and had finally spread to the eye, producing choked disk. The tumor was in contact with the optic nerve at the apex of the pyramid; it was of the sarcomatous variety. The disease had involved the nerve fibres, as these were filled with sarcoma cells; the connective tissue between them was free from disease. Almost all the nerve fibres had disappeared. Sarcoma cells were also visible between the outer and inner layers of the retina.

Dr. Knapp said that this case was unique; he had never heard of choked disk being produced by pseudo-plasma. It was remarkable that the cranial cavity was free from disease. He believed that pseudo-plasma generally found its way through the soft tissues. The fibres of the internal rectus were disintegrated, and protoplasm seemed to be the result.

Tubular Cyst of Fallopian Tube.

Dr. Nueman presented a specimen of tubular cyst of the right Fallopian tube. He could not introduce a probe from the uterus through the Fallopian tube, and thought that the disease had been the result of salpingitis. The doctor saw the patient last November for the first time. She was thirty-two and unmarried. In 1874 she took cold at a picnic, which had resulted in metrorrhagia, lasting fifteen months. She had received no treatment of any kind when she consulted Dr. Nueman. The tampon and injections were used, but failed to arrest the hemorrhage. No tumor was detected. The cervical canal was dilated with sponge tents, but no polypus was found. After taking almost every remedy known, one application of acetate of zinc arrested the hemorrhage, which returned no more. About one month later the right limb became painful and œdematous, but it soon disappeared. Shortly afterward the left leg became similarly affected, but to a greater degree, and no pulsations could be felt in the femoral artery, though it was present in the posterior tibial. The œdema disappeared, and at the end of two weeks pulsation returned. The treatment was general, and consisted principally of chlorate of potash and quinia. Dr. Fordyce Barker had seen the case in consultation, and had approved of the treatment. On March 17th she menstruated, this being the only time since the occurrence of the metrorrhagia. In April she began to grow very

weak. There were no special symptoms present, except on the last day of her illness, when she complained of colic and diarrhœa. She died on May 5th.

Autopsy.—Peritonitis was found; there were no adhesions, and the intestines were free. There was œdema of the left lung, of which the patient had died. The ovaries were normal. The doctor was of the opinion that a salpingitis had caused pelvic peritonitis.

Diastasis of Radii and Ulna.—Intra-capsular Fracture of Femur.

Dr. Erskine Mason presented specimens with a history as follows:—A boy, aged twelve years, entered Roosevelt Hospital with supposed Colles' fracture of both forearms and dislocation of the ulna on one side; he had also sustained a comminuted fracture of the cranium at the same time. He died shortly after his admission to the hospital. On post-mortem examination diastasis of both radii and ulna was found, but no dislocation was discovered.

The other specimens presented by Dr. Mason were the head and upper portion of the femur, accompanied by a history as follows:—A woman, single, aged sixty, entered Roosevelt Hospital on January 26th, 1876. She had sustained an injury of the hip the day before. Intra-capsular fracture of the right femur had been diagnosed. On February 14th she became delirious, and remained so until her death, on March 28th. She had died of chronic meningitis.

Autopsy.—A recent fracture (intra-capsular) of the right femur was found. The head and neck of the left femur had almost entirely disappeared. The head played upon a facet. She had received an intra-capsular fracture of the left femur twenty years ago.

Tubercular Disease of Testicles—Copper Coin Swallowed by a Child.

Dr. Leale presented specimens of tuberculous testicles. He stated that this completed the series of cases presented to the Society six years ago. A man aged 38 years had had phthisis. Six years ago he had fallen against a chair, and his left testicle had been, thereby, forced up the inguinal canal. He had managed to return it to the scrotum two hours later. Both testicles became very much swollen. A few weeks after the accident nodules were discovered in both testicles. The pain was quite severe, and was relieved by the administration of morphia. The patient became greatly emaciated. He insisted upon having the testicles removed. The left one was removed, and given to Dr. Delafield for microscopical examination, and it proved to be tuberculous. Three days later the other one was removed, and the same condition had been found by Dr. Delafield. The left testicle weighed six ounces, and the right one five. The patient had quickly rallied after the operation, and even gained greatly in strength. Six months after the operation he stated that he could still have sexual intercourse, and have an emission. The fluid, however, was probably the secretion of the prostatic gland. The penis seemed to have increased in size after the operation. One year later his sexual powers failed. His health continued vigorous for a long time. He had been one of Weston's trainers when the latter performed his walking feats in this city, some months since. From that time his strength began to fail, anasarca set in, and he died this day (May 10th).

Autopsy.—Tubercles were visible in the left lung, liver and spleen, the last named organ being enlarged. The pancreas was almost entirely destroyed, and was adherent to the surrounding parts.

The other specimen, presented by Dr. Leale, was a copper coin, measuring 2⅞ inches, which had been swallowed seven weeks ago, by a girl three years old. It remained in the stomach for four days. During four weeks its presence was detected at the ilio-cæcal valve, from the feeling of pain of which the patient complained. Five weeks after swallowing the coin, the patient had a convulsion while at stool. Two weeks later the coin passed out with a constipated stool.

Excision of Wrist-joint.

Dr. Briddon presented a specimen, with a history as follows:—

W. J. Harrison, aged 29. Married. Cooper by occupation. Had had, probably, a ganglionic tumor of his right wrist, which had been removed by excision in a hospital, where he had been a patient from October, 1875 to April, 1876. His health had always been good. The right wrist was anchylosed, partly, as slight motion could still be performed, as well as of the fingers. There were fistulæ near the joint. The doctor had removed part of the ulna and radius, and all the carpal bones; the last mentioned were eroded.

NORTHERN MEDICAL ASSOCIATION, OF PHILADELPHIA.

Dr. C. K. Mills, President, in the chair, March 10th, 1876.

Dr. L. B. Hall, lecturer for the ear, introduced the subject of anæsthesia.

Dr. W. G. A. Bonwill, who was present as the guest of the Society, made the following remarks, at the conclusion of Dr. Hall's paper, on

The Air an Anæsthetic.

Gentlemen:—By your kind invitation, I am here to-night to give you some information upon a subject which has engaged my attention for many years, and especially so for the last six months. Anæsthesia appeals to the finest feelings of our nature, and I would consider my life had been a blank had I not somewhat investigated it. It has been a hobby with me ever since I began the practice of my profession.

Much of those twenty-one years has been spent in plans calculated to obtund sensibility, without resorting to ether, chloroform, or nitrous oxide gas. To say that I have succeeded at last to my heart's content, would not be true; for I

admit of no ultimate to human progress. That I have realized much that is calculated to gratify me for my years of trial, I cannot deny. If I can be sure of anything, it is that we have an agent, hitherto overlooked, which is simple, cheap, effective and safe, and it is nothing more nor less than *atmospheric air*, which is capable of sustaining life, or holding it in suspension for a time. The air is, to a certain extent, an anæsthetic, which can be used in a large pro portion of cases in minor surgery, or as an obtunder of pain in many affections of the body.

Since your invitation, my time has been so occupied, I do not know that I can do more than repeat what I said in my first article before the Franklin Institute, in November last. To this, I will give you my daily experience since, without offering any theory as to its *modus operandi*, leaving that for the future. I have spoken of it to several of my medical friends, who have been testing it in various ways upon themselves, and upon others. It affords me pleasure to have you know all about it, and if my feeble efforts can be of any value, you are entitled and welcome to them. It is to be hoped you will receive it without prejudice, and investigate and extend the observations.

Well, having observed the good effects of the involuntary efforts of one that is in pain, from the rapid inflating of the lungs, I was led to adopt it in my dental practice, and for at least sixteen years have used it in such manner as I shall show, and with such success that I have been led to carry it a step further. Within the past six months my mind has been specially dwelling upon this subject. I reasoned thus: If the forcible and occasional inhalation of air could produce the phenomena which I had noticed so long in obtunding sensitive denture, why may not the rapid voluntary inhalation of it for half a minute or more produce a more decided and permanent effect? If, while the heart is pulsating seventy to the minute, I take in by forced inhalation four or five times the quantity of the mixture, oxygen and nitrogen, what effect will be produced? I said at once that anæsthesia to a certain extent must result And upon this I at once gave it a trial, which convinced me that there was some change that had come over me. I did so again and again, with similar results. Scarcely a day has passed but a trial in some way has been given it. So paradoxical is it that I have doubted my own senses at each successful application; but I have seen it so often, and had the trials of others related to me, that I am compelled to believe there is an atom of truth in my assertion.

My wife, who has ever been ready to ridicule all my projects, had to testify as to the etheric effects of air. Repeat it as often as she would, the same effect was produced. She could feel the needle which I was thrusting into her flesh, but no pain, and offered no resistance. She was powerless to raise a hand. Muscular exertion was in abeyance. The peculiar sensation, as from chloroform was present.

An old lady of seventy years, and a negro girl of fifteen, in my employ, are easily influenced, and are so powerless that a pin has no effect in arousing them. Each repetition is the same.

Miss A. had been coming to my office for one year, to have a sensitive tooth filled, and each time she went away without having it done. I had tried to give her gas, but without avail. Finally, I got her to breathe rapidly, and I accomplished, without any trouble to either of us, what had so long baffled me.

Miss A. has since informed me she had had an operation performed upon her foot, of five minutes' duration, with no other anæsthetic than air; and was again successful, and she was delighted.

Miss S., aged fifteen, was so frightened and excited that I could not pacify her sufficiently to permit me to proceed with cutting the sensitive tooth-bone. I at last prevailed upon her to try rapid breathing, which she did after a few trials. After this it was no trouble at all to perform any operation upon her teeth. I do not think I could have succeeded had I not tried the air.

Miss H., aged twenty-five years, with spinal affection, was so overcome by the attempt at cutting the sensitive bone of a tooth, that I could scarcely prevail upon her to remain in my office. After she inhaled, which she did very perfectly, she was for five minutes so under my control that I cut the bone with impunity, and so profound was the effect that I several times felt the pulse to see if she was all right. After that I extracted a tooth, which required two instruments, used separately, and again with perfect success.

Master M., aged fourteen, had a very large superior first molar extracted, and no evidence of pain was manifested.

A student of the Jefferson Medical College came to me before the close of the lecture and voluntarily testified to the great success he and several of the class had had, and showed me how far into his hands they ran a pin, and left it there until he was again himself, when he was satisfied that no pain resulted when it was done. He declared his perfect confidence in it.

I have extracted on several occasions, for adults and children, and with unusual success.

In addition to my own experience, I had from their own lips the testimony in its favor of several patients at the Pennsylvania Hospital. There were some failures in cases of boys, who could not be induced to breathe rapidly, and of course no effect. I could repeat many other cases, but let these suffice.

So, gentlemen, after seeing and hearing the evidence of so many, I cannot longer deny the power of this simple gas. There is very much that might be said in theorizing upon its peculiar effects upon the circulation, brain, and general system, but it cannot be done so early in its history; we must wait and watch its phenomena.

Before closing, it is well to mention one other fact in this connection. It has been noticed that, when it is desirable to produce a very profound effect, where ether or chloroform was hitherto necessary, if the subject is made to breathe air as directed, until its effects are produced, and ether be then administered, its effects are manifested at once, and with the smallest possible quantity. From such a course there is no possible danger, as the quantity is so small, and the blood has been so thoroughly hyper-oxygenated, that no fatal or unpleasant results can ensue. If it had no other place in our list of therapeutical agents, it would well repay the application in saving of ether, as well as avoiding so much nausea and unpleasant sequelæ.

Thanking you for your courtesy, all I have to ask is, do not speak lightly of it until you have given it a fair trial, when you will be satisfied "there is something in the air."

W. G. A. Bonwill,
1722 *Walnut Street.*

Note.—A medical friend has just informed me of a case of midwifery, which for twelve or fifteen hours had been in labor, without much dilatation. Left her for several hours and found but little change. Resorted to rapid respiration, and with fingers upon the os, to test its effect, found in three minutes rapid change, and in seven minutes child was born, to the great surprise of the nurse, who expected, from the progress of the case, she would be up all night. It was a beautiful illustration, admitting of no doubt. B.

PROCEEDINGS OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Reported expressly for the Medical and Surgical Reporter, by G. L. Wilkins, M. D.

Diseases of the Cornea.

Dr. A. Friedenwald. A number of circumstances render it important that the nature and treatment of the diseases of the cornea should be properly understood. The cornea being the window of the eye, and as all diseases involving its opacity will prevent the transmission of images to the retina, therefore its transparency should be preserved; again, its normal curvature should be maintained, or we may have resulting affections of the refraction and accommodation of the eye.

I shall confine my remarks to some of the more common affections of the cornea; as phlyctenular corneitis, suppurative corneitis, and diffuse corneitis.

Phlyctenular Corneitis (Herpes Corneæ),

Like phlyctenular ophthalmia, with which it is frequently associated, is characterized by the eruption of phlyctenulæ or vesicles on the cornea, and is one of the most common affections of the eye that we meet with in children. The appearance of the vesicles on the cornea is generally preceded by a sense of heat and itching in the eyelids, which is followed by conjunctival and sub-conjunctival injection, photophobia, lachrymation, and ciliary neuralgia. The number and distribution of the phlyctenulæ may vary greatly. Their location is more important than their extent. We may have them in considerable numbers near the margin of the cornea without much pain or danger; whereas, if they are located about the centre of the cornea, the injection, photophobia, and danger become more aggravated. The appearance of the phlyctenulæ are variable. Sometimes they are very superficial, and appear in the form of small transparent vesicles, whose epithelial covering is soon shed, leaving a small excoriation, which may easily escape detection. Generally, however, they are more prominently defined. In some instances, and even in their very earliest stages, the vesicles change to a pustule, the contents of which may undergo absorption; or the epithelial coat is exfoliated, leaving an excoriated surface, the bottom of which is opaque, and of a gray or grayish-yellow color. This excoriation may gradually extend in circumference and depth, and assume the character of a small ulcer. This is especially apt to occur if the phlyctenula is situated near the center of the cornea, the further it being from the source of nutrition the greater the danger. These ulcers generally run a very favorable course; the lost epithelium is regenerated, and the cornea regains its former transparency. In other cases the result is not so favorable, for more or less opacity remains behind, which, if situated over the pupil, will tend to impair the vision. If one or two ulcers are situated close together, they may coalesce, and thus give rise to an extensive ulcer, which may result in perforation of the cornea and prolapse of the iris. In cases involving considerable loss of corneal tissue, the iris falls into and protrudes through the opening, and with the accumulation of aqueous humor behind it this protrusion gradually enlarges, until great bulging and stricture of the iris results.

These cases are frequently aggravated and prolonged, not only by the numerous phlyctenulæ, but by their slow and successive appearance. Just about the time the symptoms of irritation and inflammation are subsiding, the pustules disappearing, and the cure seems to be established, a new crop of pustules make their appearance, and all the symptoms return, with their former violence. This condition of things may be repeated over and over again, and in this way the case may be prolonged for months. This affection occurs most frequently among children and young persons, and is often associated with a scrofulous diathesis, etc.

Treatment.—One of the primary indications in the treatment of phlyctenular corneitis, is to relieve the pain and photophobia, to prevent the extension of the phlyctenulæ or ulcers, and to promote the repair of the corneal tissues. The most useful agent for meeting these indications is the instillation of a solution of atropia (from

one to two grains in one ounce of water). It acts not only as a local anæsthetic, but also acts by relieving the intra-ocular tension, thus limiting the degree of pressure on the cornea, and facilitating its nutrition and regeneration. The solution of atropia should be applied to the eye three or four times a day. Next in importance to atropia, comes the insufflation of finely powdered calomel. Its application is painless, and yields very happy results in these cases. The various ointments of mercury, nitrate of silver, etc., are objectionable, on account of the pain and irritation they produce. Arsenic is sometimes beneficial in cases associated with eczematous eruptions on the forehead and face. Weakly and scrofulous subjects require tonics, cod liver oil, etc.

Suppurative Corneitis

Is one of the most formidable affections of the cornea. Two forms of this disease are recognized, the inflammatory and the non-inflammatory. The inflammatory suppurative corneitis is generally accompanied by great photophobia, lachrymation, intense ciliary neuralgia, conjunctival and sub-conjunctival injection, and chemosis. The pupil is often greatly contracted, due to irritation of the ciliary nerves. On examination of the cornea, a small circumscribed infiltration may be found; the same may be located in the superficial layers of the cornea, or in the deeper layers; in the former case it will be raised above the surface, and in the latter case the surface is unaltered. The infiltration increases in density, assumes a yellowish-gray color, and is surrounded by a line of demarcation in the form of a light gray zone. The epithelium may be shed, and a more or less deep ulcer is formed at the seat of infiltration. The enlarged sub-conjunctival vessels may pass slightly over the corneal margin, but never reach the ulcer. Under a favorable treatment the ulcer heals over, the infiltration is absorbed, and a clear cornea is left. In an unfavorable course of the disease, or when several superficial infiltrations are situated close to each other, they may coalesce and form a considerable abscess, slough, or opacity of the cornea; or if the infiltration is situated deeply in the cornea, it may lead to perforation of the latter, and give rise to onyx, hypopyon, and iritis. The non-inflammatory suppurative corneitis is marked by an absence of the usual symptoms of irritation and inflammation, and an early and rapid formation of an abscess, extensive suppuration, and hypopyon.

Suppurative corneitis may be caused by mechanical and chemical injuries, the various operations requiring corneal section, etc. The non-inflammatory form occurs more frequently in aged and feeble persons; it may also follow paralysis of the fifth pair of nerves.

Treatment.—According to my experience the inflammatory stage of the disease cannot be cut short by treatment. In the milder forms of inflammatory suppurative corneitis, a solution of atropia should be applied to the eye three or four times daily, and the compress bandage employed. I have had good effects from the application of the aqueous solution of opium, and if there is much pain the subcutaneous injection of morphia may be employed to advantage. If there is considerable irritability and ciliary neuralgia, we are often compelled to resort to the various means of local depletion, as the application of leeches, blistering, and the introduction of setons. In cases with intractable abscess, or hypopyon, paracentesis should be performed After the inflammatory symptoms have subsided, the chief indication is to clear up the cornea, and among the prominent agents for meeting this indication are the insufflation of calomel, and the instillation of the tincture of opium. If the opacity remains permanent, an iridectomy may be performed opposite a clear portion of the cornea. In the non-inflammatory form of suppurative corneitis our efforts should be directed to increasing the supply of blood to the cornea, and for this purpose we may resort to the methodical use of warm fomentations. Great advantage will be experienced from alternating the "pressure bandage" with warm fomentations.

Abscess, hypopyon, and opacity of the cornea call for a similar treatment to that pursued for the same complications when occurring in the inflammatory form of suppurative corneitis. In suppurative corneitis resulting from small fragments of oyster shell, or other foreign bodies, it is scarcely requisite for me to urge the importance of an early detection and removal of the same. In this form of cases an early iridectomy will not only tend to diminish the intra-ocular pressure, and thereby more effectually control the inflammation, and arrest the tendency to perforation, etc., but will give an artificial pupil, if the same is subsequently necessitated by an opacity of the cornea.

Diffuse Corneitis (Interstitial, Syphilitic).

This form of inflammation affects the whole cornea, and shows but little or no tendency to ulceration or suppuration. Besides a greater or less degree of conjunctival or sub-conjunctival injection, there will be observed a zone of vessels, situated deeply into its substance, and passing from the margin of the cornea to the centre, where they terminate in a well-defined line. The vascularity at the margin of the cornea is often so intense as to resemble extravasated blood. Spots of opacity now make their appearance over the cornea, the cloudiness gradually increases in extent and density until the whole surface of the cornea shows a diffuse opacity. The epithelial layer of the cornea at first presents its normal smoothness, but after a time becomes rough and thickened, somewhat resembling ground glass. Besides the above symptoms, this disease is often accompanied by photophobia, lachrymation and ciliary neuralgia. If both eyes become affected there is total loss of vision.

This affection is extremely troublesome to treat, and even under very favorable circumstances, will run, more or less, a protracted

course. The eye must be carefully guarded against a bright light and other sources of irritation. The use of caustics or astringent collyria are to be deplored. At the beginning of the case, and before diffuse opacity of the cornea has taken place, the instillation of atropia will be useful. If a high state of inflammation exists, leeches should be applied to the temples. If there is much increase in the intra-ocular tension, an early iridectomy is advisable. When the more acute symptoms have subsided. the absorption of the opacity should be promoted, and this may be best done by the insufflation of calomel or the application of the tincture of opium. The condition of the patient's general health should receive appropriate attention. If a syphilitic taint is suspected, the iodide of potassium in combination with mercury should be given. It is the opinion of many ophthalmologists that diffuse corneitis is frequently associated with inherited syphilis; this view is to a certain extent concurred in by J. Soelberg Wells, who also accepts Hutchinson's opinion of the value of "notched teeth" as a diagnostic sign of hereditary syphilis.

According to Mr. Jonathan Hutchinson, if the corneitis occur in connection with inherited syphilis, the existence of the latter may be diagnosticated by certain peculiarities in the appearance of the permanent teeth, especially the upper incisors. "The characteristic malformation of the upper central incisors consists in a dwarfing of the tooth, which is usually both narrow and short, and in the atrophy of its middle lobe." "This atrophy leaves a single broad notch (vertical) in the edge of the tooth." This notching is usually symmetrical; sometimes the teeth diverge, again, they slant toward each other. For several years past I have paid particular attention to the appearance of the teeth in connection with hereditary syphilis. I have frequently observed the notched condition of the teeth as described by Hutchinson, yet I have also met with the same condition in many cases in which there was no syphilitic taint, while again, in many cases showing an undoubted history of syphilis, the teeth presented their normal appearance. From these observations I have come to the conclusion that the connection between congenital syphilis and a notched condition of the teeth is not sufficiently uniform to give to the latter a diagnostic importance. A dentist of this city, doing an extensive business, informs me that he has met with this peculiarity in the teeth in many children who were perfectly healthy.

Editorial Department.

Periscope.

The Forms of Disease Assumed by Transmitted Gout.

In the *Medical Times and Gazette*, Mr. J. Hutchinson propounds the question, Does gout, when hereditarily transmitted, produce diseases of a different character from those met with in patients who have acquired it?

We must examine in detail as to what other maladies beside the most common the acquired disease may produce. My conviction is that we should find in doing this that acquired gout is the parent of many morbid conditions which are not attended by lithate of soda deposits, and that the long category of ailments which have been attributed to it is not by any means exaggerated. In expressing this opinion, I must admit, however, that it is by no means common to find cases concerning which one may feel certain that the disease has been wholly acquired, and not in any degree a matter of inheritance. Cases are, however, abundant in which the habits of the individual have taken a very preponderating share in the production of his symptoms, and in which, in the main, the disease may be considered as acquired.

Perhaps it may not be wholly out of place to speculate for a moment upon what it is which a man inherits when he receives a tendency to gout as part of his patrimony. Not improbably, it is a peculiar organization of his digestive, assimilative, and excretory viscera, which renders them respectively unable to deal with certain principles of food. In addition to that, we must, however, I think, suppose that there is also a peculiarity of the nervous system which renders him liable to be easily deranged by various atmospheric and external conditions. Otherwise it is difficult to explain the well-recognized influence of season and weather upon gouty patients. The two elements work together and influence each other; in some cases the one preponderates, and in others the other. If susceptibility to meteorological influence is great, whilst assimilation and excretion remain fairly good, then the phenomena will be those of rheumatism rather than of gout; but add to the case defective kidneys and the ability to take and digest more food than can be assimilated, and true gout is the result. Probably, in reference to this latter malady, it is not easy to overrate the importance of a tendency to disease of the kidneys. If the view at which I have hinted be correct, it will follow that the state of constitution which is inherited is one of susceptibility rather than of actual tendency to

disease, and that the precise results evoked will depend very much upon the kind of post-natal influences to which the individual is exposed. If two persons of the same family, inheriting the same constitution, be exposed, the one to indolent habits and high feeding, the other to great exposure to cold and wet combined with active habits and a cautious plan of diet, the one will probably have lithate of soda gout, the other chronic rheumatic arthritis.

Let us ask how far clinical observations support this suggestion. I believe that they do so most fully; and the results of inquiry on this head, conducted with some care, and extending over a very considerable period, have led me to the conviction that there is a basis-diathesis upon which both gout and rheumatic arthritis are built, and which is to a large extent indifferent and common to both. Give to a man who inherits this diathesis diseased kidneys, and you give him gout.

I have carefully sought for cases in which, during several generations, the tendency to one or other of these maladies has seemed to keep pure, in which either gout alone or rheumatism alone has shown itself in a marked and definite manner. Many such may be found in respect to rheumatism, but very few as to gout. The common thing is to find gout and rheumatic arthritis, rheumatic arthritis and gout, showing themselves over and over again in members of the same family. Very often the males show gout, and the females rheumatism, the explanation in such cases being not difficult. So constant is this intermixture of the two, so commonly is it the fact that those who suffer severely from the one malady are the offspring of those who have shown the other, that I can only attribute to the neglect to attend to lessons taught by hereditary transmission the fact that any clinical observers have been found to assert a fundamental difference between the two. Without doubt gout differs from rheumatic arthritis; but it probably differs in this only, that to much that is common something is superadded.

Treatment of Varicose Ulcers.

Dr. Bourguignon having derived so much advantage from tartrate of iron and potassium, in the treatment of phagedenic chancre, as recommended by Ricord, was induced to extend its application to chronic wounds in general, and especially to varicose ulcers of the leg, with hard, well-defined edges and unhealthy surfaces. For the last ten years he has found these obstinate cases readily yield to this treatment, so as to become cured in two or three months. A solution of from two to six parts of the tartrate (according to the sensibility of the ulcer) is to be made in 100 of pure distilled water, a few drops of ammonia being added to prevent any precipitation. Pledgets of very fine charpie are to be soaked in it, and applied to the ulcer night and morning, and covered over with a thick layer of cerate, which must so be removed, with the aid of tepid water, as to leave none of the charpie sticking in the ulcer. After cicatrization has commenced, the lotion may be applied only in the evening, simple cerate being substituted in the morning. If the application is painful at first, opiate cerate may for a while be employed alternately. The tartrate is also a valuable remedy given internally, a mixture of four grammes in 150 of distilled water forming a valuable analeptic in chlorosis, chloro anæmia complicated with gastralgia, and in dyspepsia, when solid preparations of iron are not borne by the stomach. Given in doses of a tablespoonful before each meal, it much facilitates digestion. After a few weeks, more energetic ferruginous and stomachic preparations may be substituted. His article appeared in the *Union Médicale* of Paris.

Case of Extra-Uterine Pregnancy.

In the *Lyon Médical*, given in the London *Medical Times*, Dr. Chabot, Senior Physician to the Chambéry Hospital, gives the account of a remarkable case read to the Medical Society of that town.

While he was chief medical officer to the military hospital at Médéah, in Algeria, a woman, aged twenty-five, the wife of one of the natives, was brought in on November 13, 1874. She had been pregnant four times, all the deliveries having been easy. The last of these occurred six months previously; and about a month afterward she perceived a tumor at the umbilical region, which, without giving her any pain, had in about the fifth month after her confinement reached the size of an ostrich egg. Then, symptoms analogous to those of labor were set up, and the tumor, inflamed and ulcerated, a foot of a fœtus, projected from the aperture. The husband tied a string around this, and detached it by strong traction. No accident followed, but a fistulous aperture remained, which during three weeks gave issue to horrible ichor, with, from time to time, fragments of bone and putrefying flesh. Paroxysms of fever, apparently due to septico-pyæmia, accompanied the discharge.

On her admission, the patient was very emaciated, excessively feeble and anæmic, the secretion of milk, however, continuing in tolerable abundance. The umbilical tumor resembled in size and shape the head of an adult, and gave issue, by a fistulous opening of about the size of a florin, to a discharge of a most insupportable stench. Examination proved that the uterus was entirely unconnected with the tumor. Gastrotomy was performed on the 14th under the influence of chloroform. The thickness of the walls of the abdomen and of the cyst amounted to from two to three centimètres, the peritoneal cavity not being opened. The hemorrhage was inconsiderable, and the flaps of the T-form incision having been thrown back, a large number of bones, and parts of bones, of a fœtus at full time, together with masses of flesh and hair, were removed. After

the cavity of the cyst had been cleared out, the intestines could be felt behind its not very thick posterior wall, which they projected forward between the lips of the wound. The operation lasted thirty-five minutes, and, after detersive injections had been employed, two drainage-tubes and several balls of charpie soaked in permanganate of potash were placed in the wound, and the whole secured by compresses and bandage. The patient's recovery was somewhat retarded by febrile paroxysms, for which quinine was administered; but by November 30 she was able to sit up, the secretion of milk also having persisted. She was kept in the hospital until January 6, by which time her health was perfectly restored. She was last heard of eleven months after the operation, when she was quite well, cicatrization having become complete a month after her discharge.

On examination of the fœtal bones, they were found to be at the full term, or even more ossified than is usual at that period. No tumor existed in the abdomen prior to the joint pregnancy; so that it must be concluded that this was an example of twin pregnancy, consisting of an extra-uterine fœtus, both attaining the period of maturity.

Corymbiform Arrangement of Eruptions as Indicative of Nerve-Causation.

Mr. Jonathan Hutchinson, F. R. C. S., Senior Surgeon to the London Hospital, and to the Blackfriars Hospital for Skin Diseases, said in a clinical lecture reported in the *British Medical Journal*:—

I am not certain that corymbiform is precisely the best word to use for what is meant, but it is already in possession. Writers speak of "corymbiform small-pox," "corymbiform herpes," and the like, when they mean that the patches of eruption consist of separate, or, in some cases, confluent spots, which are arranged in a thick cluster, with irregular edges, like a bunch of grapes, or like the leaves on a small beech branch. Any one who has ever looked carefully at a shingles patch will know exactly what I mean. In many cases, to call it paniculate would be more appropriate; but, after all, there is no botanical object which supplies a condition of things precisely similar. The herpes group is like a bunch of grapes in its middle; but it differs from it, and from anything which I can call to mind in the corymbs or panicles of flowers, in that there are generally a few twigs which project a good deal beyond the rest: there are also generally a few which come off from the main stem higher than the main branch. These features will be easily understood, if we allow ourselves to realize the ultimate distribution of nerve-twigs, their subdivision and re-subdivision, before they reach their final destination in the corpuscles of the skin. In this conception we have also the real explanation of the phenomenon.

Whenever you observe corymbiform arrangement of spots, you may infer that the nervous system is concerned, if not primarily in the cause of the eruption, at any rate secondarily or mediately in its distribution. All forms of herpes are invariably corymbiform, and invariably due to nerve-cause; and if the eruption did not show this peculiarity of arrangement, we should, according to the modern use of the name, deny that it was "herpes." This is what might be expected *à priori*, for, according to our theories of herpes, this eruption depends invariably upon nerve-irritation. There are some other conditions, however, under which we meet with corymbiform or branch-of-tree arrangement, when from our knowledge of the cause we should not have expected it. I pointed out to you the other day, in a case in which a free vesicular eruption followed the use of the iodide of potassium, that some of the groups on the neck were corymbiform—in fact, exactly like those of herpes. This occurred on the left side of the neck. I have seen a syphilitic eruption definitely corymbiform in parts. The same character occurring occasionally in variola, has excited the notice of many writers; in fact, a very distinguished observer has thought that he could always trace this arrangement in all forms of small-pox. I myself have tried to do so, but think that this requires the aid of imagination to a considerable extent; yet the fact remains undoubted, that the character in question is often most conspicuously marked. In the cases in which I have seen it, it has usually been non-symmetrical.

Balsam of Copaiba for Tapeworm.

The New York *Medical Journal* states that, at a recent society meeting, Dr. Salvatore Caro presented a tapeworm, and recited the following history of its removal by balsam of copaiba, after the failure of other agents. The patient was a man who had suffered from tapeworm for years, and had tried, with but little benefit, kosso, pumpkin seed, kamela, oil of turpentine, and male fern. He had also a gleet of long standing, and for the treatment of this disease came under observation.

Dr. Caro was not aware, at that time, that he had suffered from tapeworm, and he ordered, for the cure of the gleet, teaspoonful doses of balsam of copaiba every two hours till it acted on the bowels, and after that, to diminish the quantity. After the administration of the first dose the bowels moved freely, and in the stool there was found the whole of the tapeworm. Dr. Caro said that he was not aware of the remedy being administered to patients suffering from tapeworm, and had obtained the result by mere accident.

Dr. Briddon said he had been usually successful with the ethereal extract of the oil of male fern. His method of treating cases was to give a black draught twenty-four hours before exhibiting the remedy, and in the interim to feed the patient on beef-tea. Twelve hours before giving the male fern he gave a dose of

castor oil. The preparation of male fern that he used was the ethereal extract prepared by Merck, of Vienna. He had administered the fluid extract of male fern, but had obtained no benefit from it.

Reviews and Book Notices.

BOOK NOTICES.

Micro-Photographs in Histology, Normal and Pathological. By Carl Seiler, M. D., in conjunction with J. Gibbons Hunt, M. D., and Joseph G. Richardson, M. D. Philadelphia, J. H. Coates & Co. Published monthly. 60 cents per number; $6.00 per annum. April, May, 1876.

This publication is one so admirable in design and careful in execution that it merits unusual attention from the profession.

The prospectus states its mission to be to replace the microscope, as far as possible, for those physicians who lack the opportunity or skill of using one, and to offer microscopists correct representations of typical specimens for comparison.

When the tyro commences his microscopic studies he can make out but little resemblance, in the confused mass of cells and fibres the instrument reveals, to the clear and characteristic illustrations of his text-books. These are always so altered, in order to bring forth prominently the forms described, that they give an ideal rather than a real exhibition of what the objective discloses.

The present publication aims to remove these difficulties, by offering photographs of typical examples, magnified not to the utmost, but rather with the lowest power which will bring out all the desired features, thus attaining the clearest idea of the object.

It is purposed to give in each monthly issue at least one pathological and three normal specimens, and thus to illustrate the difference between diseased and healthy tissue.

The numbers before us contain plates showing a section of the healthy skin, cut parallel to the surface through the hair bulbs; another similar, but from a diseased specimen; one of pavement epithelium; of endothelium; of elastic and non-elastic connective tissue; of connective tissue corpuscles, and of mammary schirrhus.

The photographs are in the highest style of the art, and when we add that the text of the descriptions is prepared under the supervision of Drs. Hunt and Richardson, we have said enough to guarantee its lucidity and authority.

Governmental Supervision of the Insane. By H. B. Wilbur, M. D.

The necessity of legislative scrutiny of the management of the insane tokens a reign of abuse or inefficiency in some of our asylums. There is, unmistakably, a growing dissatisfaction with the present policy that rules our institutions. It may be that the curse of madness cannot be removed by any interference, that the treatment of this class is as wise and the appliances as approved as the art will allow; there may be no incompleteness, no malfeasance in the administration; nevertheless, there is a distrust, widespread and irrpressible, as to the popular control of inmates of retreats. This suspicion has been fired by the inveterate hatred which the superintendents of asylums have avowed and exercised to official visits.

Dr. W. ably discusses the propriety of such investigations, and with hot logic drives the issue to the very centre of the "opposition." The author wins his case, and the surname of a reformer. Some of the points made are in this wise: The British law requires such inspection, and the interests of the insane are in that realm best secured. The authorities, in this way, become identified with the care of every patient, and study a particular regimen for each. Excessive restraint or undue infringement of personal liberty is thus contradicted; an examination of all the sanitary appointments of the building results in amendments that are desired; all charges of cruelty or neglect on the part of the executive are at once decided, and a superior character given to the general discipline of the patients. Wilbur well intimates that the Commissioners need not conflict with the medical regulations—will encourage, rather, every essay to heal—and lastly that such a Board is not necessarily an expensive functionary. A number of the pages are filled with strictures on the resolutions passed at the last convocation of Superintendents of American Insane Institutions. The entire discussion is wisely prepared, and stocked with hard facts.

THE

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D. G. BRINTON, M.D., EDITOR.

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ON PRESCRIPTION WRITING.

The opinion has been often expressed, and supported by very conclusive arguments, that the present manner of writing prescriptions is antiquated and absurd, and should be reformed altogether. The proposed changes merit enumeration:—

First. The affectation of the Latin language should be discarded. Not one in fifty physicians know enough of that long-dead tongue to write correctly even the little Latinity designed for the druggist.

Next, the wretched signs and abbreviations so often employed should be dropped, and time enough taken to write fully what is written at all.

Thirdly. The system of "apothecaries' weights and measures" should be done away with, and the metrical system adopted in its stead.

The following further suggestions are to the point. They are quoted in the *American Journal of Pharmacy*, of recent date:—

1. If the remedies prescribed are officinal, use the officinal terms; if not officinal, describe them unmistakably. The writer has heard of three different liquids called chloric ether, and has known Tully's Powder to be made of three very different degrees of strength.

2. Do not abbreviate so closely as to cause ambiguity; hyd. chl. may mean calomel, corrosive sublimate, or chloral hydrate.

3. Write the directions for use as they are to be put on the label.

4. Give the patient's name, and mention if a child or infant.

5. After writing the prescription, look it over and see if there is anything, especially in the numerals, that a careless or ignorant druggist might misunderstand.

It is very objectionable to refer to medical preparations by the name of the inventor. Dover's powder, Donovan's solution, etc., should never appear on a prescription. A physician should know what he is prescribing, and state what it is.

Another point mentioned in the same journal deserves notice. Some physicians *print* at the top of their prescription blanks the words, "This prescription must not be renewed," or a notice to that effect. This should be always *written*, not *printed*, as druggists say that patients frequently claim that such a general printed notice can have no bearing on their particular cases.

NOTES AND COMMENTS.

Extremes of Temperature in 1875.

An English commercial journal contains a table showing the range of temperature observed at different stations in various quarters of the globe during the year 1875. It appears that the lowest shade temperature was marked at Manitoba, by Lake Winnipeg, where the spirit thermometer registered 43.1° (75° below freezing point) on January 8th. On the other hand, in Ceylon the temperature of the coldest night was just above 70°. The table shows, too, that in Melbourne, while the range (110.4° to 31.1°) was considerably wider than in many other stations at which observations were made, the maximum height was greater by nearly one degree than the highest record even in Madras

(109.6°). As a general rule, it appears that the range of temperature is widest in the centre of continents, less on the coasts, and least of all on small isolated islands.

The Value of Pressure in Semi-malignant Mammary Tumors.

The suggestion contained in the following extract from a clinical lecture, by Dr. George Buchanan, Professor of clinical surgery in the University of Glasgow, is so valuable that we give it prominence:—

There is a kind of tumor which belongs to the simple, or non-malignant fibrous kind, which partakes of malignancy, inasmuch as it returns after removal. Such is the tumor which used to be called recurring fibrous tumor. The question I am going to discuss is not so much the possibility of treating these tumors medically in the way of palliation, but particularly with regard to surgical removal. I wish, however, to tell you at the outset that, because a person has a well-defined tumor in the mamma, it is not absolutely necessary to excise it. I shall say nothing at present with regard to removal by caustics; but it has fallen within my own experience to have seen several most remarkable examples of the disappearance, I might almost use the term cure, of tumor by pressure; and that information is, I think, of great value, because in many cases, from the constitution, or the age of the patient, or from the implication of the neighboring parts, you could not, with any degree of conscientiousness, recommend removal of the tumor; but I could show you ladies in Glasgow, at the present day, who have had tumors in their mammæ, and who are now absolutely free from the disease by the application of careful and well-directed pressure. You are aware that pressure will cause absorption, both of normal and of abnormal tissues; and you are probably aware that, if a person have an aneurism of the aorta, and if the aneurism continue to grow, it not unfrequently happens, through the tumor pressing upon the sternum, that it gradually induces absorption of the bone until it appears underneath the skin, and if not arrested it spontaneously bursts, and causes loss of life. We are all aware of the importance of pressure in assisting the absorption of abnormal fluids; as by the use of a splint and bandage in cases of effusion into joints. In the same way, pressure, well directed to the breast, has a remarkable effect in causing the absorption of tumors; and I now am in the habit of ordering the application of a properly-prepared apparatus in cases where, either from the situation, or the implication of the neighboring parts, I consider that the operation of excising the mamma would be unadvisable.

Temperature as Affecting Heart Action.

Persons with irritable heart are usually worse in warm weather. In a recent note on the excitability of the heart, read before the Académie des Sciences, M. Marey shows that this organ, at each phase of its revolution, undergoes changes of temperature which modify its excitability. Experiments demonstrate that the excitability of the heart, like that of other muscles, augments and diminishes with variations of temperature, and his experiments also demonstrate that the excitability of the heart changes at different phases of its revolution.

The Properties of Squills.

According to Dr. Huseman, in the *Med. Wochenschrift*, this drug, in the form of an extract, such as is employed in the German pharmacopœia, has a very constant action on living animals. It affects the innervation of the heart, and the muscles of the heart, exactly in the same way as do digitaline, antiarine, and those other alkaloids which are especially known as cardiac poisons. The diuretic action of squill can only be explained by the increased blood-pressure which it induces by its influence on the heart, since no other organ is acted on by it, and it does not produce any manifest irritation in the kidneys during its elimination. The indications for and against the use of squill in the different forms of dropsy are almost exactly the same as in the case of digitalis. Extract of squill has no expectorant power due to its elimination by the bronchial mucous membrane, nor has it any antipyretic power; on the contrary, its exhibition produces a greater or less elevation of temperature.

Ergot in Uterine Catarrh.

A St. Petersburg journal states that in private practice, Dr. Goreleitschenko has tried the effect of penciling the canal of the cervix uteri with solution of ergot (ergotin, two scruples; glycerine and distilled water, of each two drachms), leaving the pencil within the canal

from one to three minutes. In this way he has treated twenty-nine cases of chronic metritis attended with chronic catarrh. In twenty-two of these the discharge ceased, the swollen state of the mucous membrane disappearing, and the uterus itself being smaller and firmer. The subjective symptoms also ceased, and regular menstruation ensued. In the other seven cases the improvement which ensued was soon followed by relapse, the uterus in these cases having undergone more advanced alterations.

Horse Flesh and Tapeworm.

M. Decroix, of Lyons, attributes the greater frequency of tænia mediocanellata at the present day, as compared with instances of tænia solium, to the growing practice of the employment of raw meat as a therapeutic aid, and the fashion of eating under-cooked meats. The habitat of the tænia mediocanellata, in its larval or cysticercus stage, is, as is well known, in the flesh of oxen and sheep; and M. Decroix points out the impossibility, in many cases, of ascertaining its presence in this stage. He urges the advisability of horse flesh being prescribed where it is deemed necessary to give meat in the raw state. He states that not only is the flesh of the horse more nutritious than beef, mutton, or pork, but that it has the further advantage of not being infested with any parasite having man for its host.

The Leprosy in Norway.

In an article on this subject, by Dr. Neumann, of Vienna, in the *Medicin. Zeitung*, he says that authorities are not agreed whether it is hereditary or not; but it would appear that it is contagious. Low lands on the coast and bad food and shelter have much to do with the appearance of this disease in both hemispheres. The prognosis is generally very bad; the patients mostly perish of marasmus, pneumonia, phthisis, albuminuria, etc. He says that in Norway the vas deferens of boys affected with lepra is tied, to arrest procreation. This singular statement should have confirmation.

The Half-Yearly Compendium,

For July, 1876, has been out some days. A little delay arose, from the intense heats and unusual festivities of the first week in July, interfering with the regularity of printing labors. Its contents are varied and full.

The Concours System.

The selection of professors in our medical colleges by competitive examination, is, we believe, a much better plan than by nepotism and log-rolling. The plan of the *concours* was long in use in France, but was abolished under the Empire. Some years since, the Faculty of the Paris school almost unanimously expressed the desire that the *concours* should be restored as the means of nomination of the professors of the Faculty. Last month, at the instigation of the Minister of Public Instruction, the question was again brought forward, and of the twenty-one professors present ten voted for the re-establishment of the *concours*, and eleven against it—so that, as the Republic was established by a majority of one, the *concours* (at least, so far as the voice of the professors is concerned, which, however, is only recommendatory) has been lost by the same.

The New Metal Gallium.

The recently discovered metal gallium melts at 85.1° Fah., so that it liquefies when held in the hand. When solid, the metal is hard and resistant, even to a few degrees below the melting point. It can be cut, and possesses a slight malleability. When fused, it adheres easily to glass, on which it forms a beautiful mirror, whiter than that produced by mercury. It oxidizes but very superficially when heated to redness in the air, and does not become volatile. The density at 59° Fah. is 4.7, that of water at 39.2° Fah. being 1.

Excepting mercury, which only becomes solid at 37.9° Fah., there is no other element which liquefies at so low a temperature as gallium.

The Seaside for Hip-joint Disease.

M. Cazin read a paper at the Société de Chirurgie, giving an account of the results obtained in hip-joint disease at the hospital at Berk, near Boulogne. During the years 1869–76 there were admitted 212 cases of this disease, of which number eighty were in a state of suppuration. No surgical operation was performed, the treatment consisting only in expectation, the limb being kept in a state of immobility by means of a silicated bandage or a modification of Bonnet's splint. The results obtained in the eighty cases of suppurating hip joint disease were as follows:—Cured, forty-four; improved, six; incurable, twenty; and fatal, ten. In

five of the ten fatal cases albuminuria existed on admission, the others dying either from pulmonary phthisis or from exhaustion produced by the suppuration. M. Cazin believes that hip-joint disease is a more curable affection in the poor than in the rich. During the acute and febrile stage of the disease the seaside is unsuitable in these cases.

A New Adhesive Plaster.

A mixture of twenty parts of mucilage and one part of glycerine constitutes an excellent shining and supple plaster, far cheaper than the resin and diachylon, and lasting more than a year without deterioration. Three or four layers of the mixture require to be spread over each other on the linen or other stuff, allowing sufficient intervals for the successive layers to dry.

Correspondence.

Cyprea Shells in Corneal Opacity

Ed. Med. and Surg. Reporter:—

I take this present opportunity to forward, by this day's mail, a small package containing a species of shell called "Cyprœa Princeps." It is a native of the Louisiana Gulf-coast. They were imported many centuries ago into England, from China and the East Indies, by the Romans, who prized them highly. The waves and undulations of the Gulf of Mexico at times become luminous with the phosphorescent light of these myriads of medusa, and a very considerable portion of them are found between tide marks. The first settlers of this State would say that when cyprœa creep high up on land it indicates a storm approaching from the south, and when they creep in toward the gulf coast, it indicates a land wind and a calm on shore. During my long sojourn in Louisiana I have had many opportunities of testing the efficacy of this ophthalmic medicine as a valuable discutient agent, one which I think worthy of notice, and being ranked as one of the oldest household remedies among the Creole inhabitants of the State of Louisiana.

The Cyprœa Princeps is used externally. The method of applying it which I recommend to the medical profession is adapted as a remedial measure in opacity, albugo and nebula. It will prevent tumefaction and discoloration of the eye, and sooner than some other therapeutic applications, restores the transparency to the natural tissue of the eye.

The manner of using it is to reduce the shells to a fine powder, and mix with equal parts of muriate of soda. I allow pinches of this powder to fall upon the eyeball, after placing the head of the patient nearly horizontal. The powder is left to dissolve in the secreted fluids of the eye, and is applied twice a day.

The results obtained by this remedy have been satisfactory, for the opacity of the cornea commenced disappearing after a few weeks, and sight has been restored, even after it had, for a considerable time, been lost. I have also tried it extensively in corneitis, with success, when not entirely beyond the reach of cure; but time itself often does much in such cases. I recommend the patient not to endeavor to hasten the change by art, unless by the advice of the really skillful. But, by all means, shun the false pretence of itinerant oculists.

Yours, truly,

La Fourche, La. John B. C. Gazzo, M.D.

Painless Cure for Opium-eating.

Ed. Med. and Surg. Reporter:—

In answer to an inquirer, in the Medical and Surgical Reporter, of June 10th, there is "a painless cure for the opium habit."

The old adage, "the hair of the dog is good for the bite," is true in this case, and paradoxical as it may seem, the "antidote" or "cure" for opium is opium! It is what is used by all the advertising specialists who profess to, and doubtless often do, cure the opium habit. The process is what is popularly termed "tapering off." Of course the patient must not know he is using opium, and is strictly forbidden to take any during treatment.

Suppose he is in the habit of using 5 grains morphia per day—35 grains a week—in two daily doses. I would prepare a mixture containing, say 32 grains morphia, disguised, so proportioned as to make 14 doses, one of which he is to take at the time he usually takes his morphia. The second week I prepare the same mixture, identical in taste and appearance, using only 29 grains morphia. I keep on reducing the morphia 2 or 3 grains each week, until the mixture shall contain no morphia, otherwise looking and tasting the same; by this time the habit will be cured. The imagination must be worked upon, and a great element of success is to have the patient believe he is using some "antidote" that destroys the desire for opium. I have succeeded in a number of cases in this way. We all know how futile the "tapering off" business is if a patient knows he is using morphine or opium. If he has been accustomed to using laudanum, laudanum and not morphine must enter into the mixture. In fact, whatever preparation of the drug he has been using, must be continued in gradually diminishing doses.

The excipient must be of a tonic and stimulant character (bark and alcohol), to compensate for the slight depression consequent upon the slightly-reduced quantity of the drug. One Chicago opium curer uses *whisky* and *molasses* as an "antidote," but is not so successful as the Indiana "painless cure man," who has had

success, and made a fortune, by the "tapering off" plan.

Accept this for what you may consider it worth. I feel it a duty to the profession to make the statement, and will only add that I am myself a physician, and that I testify of *what I know.* An M. D.

Belladonna in Opium Poisoning.

Ed. Med. and Surg. Reporter:—

I have recently had two cases of severe opium poisoning in which the antidoting powers of belladonna were very clear. I will state the circumstances of the more recent one while fresh in memory.

June 22d, 1876, at 7 p. m., Mrs. A. R., aged about thirty, took 2¼ ounces tincture opii, with suicidal intent. The stomach was nearly empty; no vomiting, and nothing was done for her for an hour and a half, or until she was so stupid as to cease resisting. Then gave twenty grains sulphate of zinc, and titillated the fauces, producing emesis in a few minutes. Forced walking begun at 8½ p. m., and continued till 10 p. m., when patient was too stupid to be roused. At 8½ p. m. began hypodermic injection of atropine, $\frac{1}{24}$ grain, and repeated about every hour or two until 2 a. m., when pupils remained widely dilated; ¼ grain atropine used. Artificial respiration was necessary during the greater portion of the night, the patient being able to breathe without aid for a short time, at the rate of from four to six respirations a minute. The power of swallowing was completely in abeyance, and the patient wholly unconscious thirteen hours. One hour before consciousness returned dry cups were freely applied to the upper spinal region. The apparent effects of the atropine were increased frequency and force of the pulse, increase of temperature, flushing of the face, and, for a time after each dose, an improvement of respiration. These effects were so marked as to be readily recognized by the friends and bystanders. I believe that with atropine we can produce *artificial circulation* as truly as we can produce artificial respiration by the approved methods.

S. L. Chase, m. d.

Colchester, Connecticut.

Condurango in Cancer of the Stomach.

Ed. Med. and Surg. Reporter:—

Mrs. L., of Addison, Du Page county, Illinois, where I resided before my moving here, has been under my treatment for cancer of the stomach for over eighteen months.

The patient is fifty-two years old, the wife of a farmer in good circumstances. Her brother died with the same disease.

The diagnosis was confirmed by microscopical examination of vomited matter, and by a consultation held with Dr. Theodore Wild, of Chicago, Illinois.

There was at times great prostration on account of severe vomiting (generally of the usual coffee-ground appearance). Appetite hardly any, and health generally failing.

Treatment consisted of lactopepsin with bismuth subnitrate in suitable doses after each meal, tinct. opii to relieve pain, and for the distressing constipation I relied on artificial, Kissingen, Rakoczy and cold water injections.

The administration of morph. sulph. hypodermically or *per os* could not be borne.

Seeing in a recent number of *Gravell's Notizen* that Professor Friedreich, of Heidelberg, had treated four cases of cancer of the stomach successfully with the freshly prepared condurango, I resolved to try the remedy.

I obtained the fluid extract of Park, Davis & Co. (Detroit), and used for the beginning a teaspoonful three times a day. Other remedies were discontinued. My patient used the remedy for about four months, and since that time neither vomiting nor pain has occurred. The tumor in the pyloric region has diminished in size, and she has gained flesh and strength.

For the last six weeks I have discontinued the remedy entirely, and my patient has been well ever since.

Is this a case of the *post hoc ergo propter hoc* argument, or have we here really a case of retrogressive metamorphosis brought about by the remedy? So far, I am confident that my patient began to get well from the moment the condurango was used.

In reporting this case, I hope that some other practitioner will try to use the condurango in allied affections and report his failures or successes with the remedy.

The case is now gone into the hands of Dr. Wild, and I shall have him report the ultimate result, whatever it may be.

Carl Proegler, m. d.

222 *West Washington street, Fort Wayne Ind., June 9th*, 1876.

Anchylosis of Cervical Vertebræ.

Ed. Med. and Surg. Reporter:—

In the examination of some ancient mounds in this vicinity, some skeletons were found, very well preserved. The tibias were very flat. In several skeletons observed, there was an anchylosis of the three or four cervical vertebræ below the atlas. This was noticed as indicating a disease unknown at present. Recently several graves of the modern Sioux were opened, who died from among the prisoners held at Davenport in 1862–3, taken after the raid made on the inhabitants of Minnesota in 1862. In one skeleton the tibias were flat, in another more nearly round; in one also the same *complete anchylosis of the cervical vertebræ* existed. I would like to inquire if this condition of the neck has been observed by other explorers, or if any one has noticed this peculiarity among the modern Indians. Yours,

P. J. Farnsworth, m. d.

Clinton, Iowa, July 2d, 1876.

News and Miscellany.

International Medical Congress, Philadelphia, September 4th to 9th, 1876.

The International Medical Congress will be formally opened at noon on Monday, the 4th day of September.

The sessions of the Congress and of its Sections will be held in the University of Pennsylvania, Locust and Thirty-fourth streets.

The General Meetings will be held daily, from 10 to 1 o'clock. The Sections will meet at 2 o'clock.

Luncheon for members of the Congress will be served daily in the University building, from 1 to 2 o'clock.

On Wednesday evening, September 6th, Dr. J. J. Woodward, U. S. A., will address the Congress on the Scientific Work of the Surgeon-General's Bureau.

The Public Dinner of the Congress will be given on Thursday evening, September 7th, at 7 o'clock.

The Registration book will be open daily from Thursday, August 31st, to Saturday, September 2d, inclusive, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner of Thirteenth and Locust streets, and at the University of Pennsylvania on Monday, September 4th, from 9 to 12 M., and daily thereafter, from 9 to 10 A. M. Credentials must in every case be presented.

Letters addressed to the members of the Congress, to the care of the College of Physicians, northeast corner Locust and Thirteenth streets, Philadelphia, during the week of meeting, will be delivered at the University of Pennsylvania.

The secretaries of State and Territorial medical societies are requested to forward, without delay, to the chairman of the Committee on Credentials, I. Minis Hays, M. D., 1607 Locust street, Philadelphia, lists of their duly accredited delegates to the Congress.

Delegates and visitors intending to attend the Congress are earnestly requested individually to notify immediately the same Committee.

This information is desired to facilitate registration, and to ensure proper accommodation for the Congress.

Members intending to participate in the Public (subscription) Dinner of the Congress will please notify the Secretary of the Committee on Entertainment, J. Ewing Mears, M. D., 1429 Walnut St., Philadelphia.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the 15th of August.

Philadelphia, July 20th, 1876.

—The Fourth Meeting of the Southern Illinois Medical Association took place June 21st and 22d, at Mt. Vernon, and was well attended.

Items.

—The New York Board of Health has passed a resolution appointing fifty physicians in addition to those already serving, to act as inspectors for one week or longer, if necessary, to visit the various tenement houses of the city, examine the sewerage connections, mode of ventilation and general arrangement, and make such change as would render diarrhœal diseases less frequent.

—The State Insane Asylum of New Jersey has 712 inmates, and is much over-crowded.

QUERIES AND REPLIES.

Enlarged Spleen.

Mr. Editor:—In the Reporter of July 1st, vol. xxxv, J. J., M. D., requests information on the following query: "Can you or your readers inform me of an efficient remedy for the chronic enlargement of the spleen, so common in malarial regions."

Reply.—Ergot, by hypodermic injection, doubtless is a valuable remedy in malarial enlargement of the spleen, because of its specific power over the capillary system of blood vessels as an astringent, but I have found no remedy comparable to a mixture of equal parts of tincture iodine and camphor, given in six to eight-drop doses, immediately after each meal, in a small tablespoonful of simple syrup. This is also a valuable combination in asthmatic complaints. W. R. Putney, M. D.

Buckingham Co., Va.

MARRIAGES.

Bridge—Wattson.—On the 14th inst., by the Rev. James William Ashton, at the residence of the bride's mother, Dr. W. W. Bridge, of Providence, R. I., and Miss Eva St Clair, youngest daughter of the late Edwin Wattson, of this city.

Cook—Hackett.—On Wednesday, July 5th, 1876, by Rev. Father Clowrey, Stephen G. Cook, M. D., and Mary C. Hackett, both of New York.

Fruitnight—Huggins.—On Thursday, June 22, by Rev. William H. Clark, J. Henry Fruitnight, M. D., and Miss Gertrude Huggins, both of this city.

Grant—Hyatt.—At the St. James Hotel, in this city, Monday, June 19, by the Rev. C. W. Miller, of Covington, Ky., Dr. J. M. Grant and Miss Viola Hyatt, of Boone County, Ky.

Green—Brandreth.—At Trinity Church, Sing Sing, July 6, by Rev. George Ferguson, assisted by Rev. Delancy Granniss, Katharine, daughter of Dr. Benjamin Brandreth, and Lieut. H. L. Green, United States Navy.

DEATHS.

Banning.—At Washington, D. C., Tuesday, 11th inst., of typhoid pneumonia, Lizzie E. Banning, eldest daughter of Dr. E. P. and L. H. Banning, of this city.

Brock.—In Trenton, N. J., on the 5th inst., Edward Eugene, son of Dr. H. D. and Kate E. Brock, aged 6 months.

Day.—Suddenly, at Fort Lee, N. J., on Friday morning, June, 23, Dr. Wm. H. Day.

Gerhard.—On the 21st instant, Lilian, daughter of Dr. A. S. and Amelia J. Gerhard, in the 6th year of her age.

Hurst.—In this city, snddenly, on the 13th inst. Dr. John Hurst.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1014.] PHILADELPHIA, AUG. 5, 1876. [Vol. XXXV.—No. 6.

Original Department.

Communications.

THE ILLUSORY SYMPTOMS OF WEAK SIGHT.

BY H. S. SCHELL, M. D.,

Ophthalmic and Aural Surgeon to St. Mary's Hospital, Philadelphia.

There is probably no abnormal condition of any part of the body of which the signs are more apt to be misleading, than are those which arise from errors in the refractive system of the eye; and these refractive errors occur so very frequently that the subject becomes invested with peculiar interest, not merely to the specialist, but to every practitioner of medicine.

For all ordinary purposes we consider an eye perfect (emmetropic) which can fluently read block letters that subtend a visual angle of five minutes, either when only a few inches away, or when at a distance of twenty feet or more; the eye in the latter case being in a state of rest.

Ametropic eyes, though they may be perfectly healthy, do not reach this standard of acuteness of vision, and include the myopic or short-sighted, hypermetropic or over-sighted, and the astigmatic.

In these last the refraction varies in degree in the different meridians of the eye, so that circular objects and points of light are distorted into more or less oval or linear shape. In all cases, the degree of ametropia may be modified by the so called accommodation, or that action of the ciliary muscle by which the crystalline lens is increased or diminished in convexity, in order to correspond with the varying distances of objects.

But what complicates matters still more is the fact that there is a constant relation between the action of the accommodation and that of the internal and external recti muscles. If we accommodate one eye for an object at six inches distance, there is instantly a definite involuntary contraction of both internal recti muscles, to bring both eyes to bear on the same object. If we look at an object at infinite distance the accommodation is entirely relaxed, and an associated action of the recti muscles has, at the same time, produced a parallelism of the optic axes—a nicely-poised condition of the muscles, like that of a sensitive bridle hand, which just feels the horse's mouth. In short, for every distance at which an object is regarded, the involuntary strain on the recti muscles is regulated exactly to correspond with the amount of accommodation in use.

But in ametropia this fine adjustment between the accommodation and the convergence is subject to rude disturbance. If the eyes are myopic, the ciliary muscles are completely relaxed, while the internal recti are still straining to bring the visual axes upon some near object, and the higher the degree of myopia, the more is this the case.

If the eyes are hypermetropic, the ciliary muscles must do far more than what would be their legitimate proportion of work as compared with the recti, even struggling to maintain a certain amount of accommodation when the convergence is completely relaxed.

From this compulsory working of fatigued muscles, and from the disturbance of relation,

arise the symptoms of nervous and vascular reaction, which are often deceptive as to their origin.

One of the commonest class of cases is that of G. W. W., aged 30, and a book-keeper in a broker's office. For several years he has been troubled with sore eyes, which have been relieved occasionally by washes and eye drops prescribed by physicians or recommended by sympathizing friends. But however often relieved his eyes quickly became inflamed again. When the lids are everted, the mucous membrane appears of a velvety red, and there is some discharge, of a mucous, slightly purulent character. He says that he has always had strong eyes, and on placing him at a distance of twenty feet from a card of test letters, he reads No. 20 Snellen fluently. On trying him with glasses, however, it was found that he had a manifest hypermetropia of $\frac{1}{36}$. Supplied with a pair of these glasses for reading and writing, and treated with a 2 gr. sulphate of zinc collyrium, he quickly recovered, and has remained quite well ever since, now two years.

In this instance a very moderate degree of hypermetropia was sufficient, in a man who was constantly using his eyes for near work, to produce an intractable conjunctivitis. Why the incessant over-exertion and occasional exhaustion of the ciliary muscle should cause a sympathetic paresis of the vaso-motor nerves of the tarsal conjunctiva, remains problematical, but the clinical fact is established, and the practical indication is, in every case of obdurate conjunctivitis, to examine the refraction, especially if the patient is accustomed to employ his eyes much at fine work.

Very often the correcting glass will cure the malady without the aid of any local application, as in the instance of Mr. J. H., aged 38, the secretary of a large manufacturing company, and obliged to do a good deal of writing, who found himself cut off from reading at night, on account of a burning pain in the eyes and lachrymation. He had used various collyria without benefit, and had always supposed that his eyesight was perfect V. $\frac{20}{xl}$ Sn. The use of a test plate of diverging lines, disclosing some astigmatism, a solution of atropia was used to paralyze his accommodation, and it was then found that he needed to correct his refraction, O. D. $\frac{1}{30}$ c 70° O. S. $\frac{1}{25}$ c 90°. These glasses gave him V. $\frac{20}{xx}$ O² and Ac. $\frac{1}{6\frac{1}{2}}$. After they had been worn constantly for a week or ten days, the conjunctivitis and all other eye trouble disappeared without further medication.

A somewhat similar condition occurred in the case of Miss H., aged forty-eight, who had been annoyed for a long time with conjunctivitis, for which collyria failed to give relief. She had been using spectacles for some years, for what she considered the natural failure of sight appropriate to her age. I found that she was using $\frac{1}{12}$ for both eyes. An examination, however, showed that the real refractive deficiency was O. D. $\frac{1}{11}$, O. S. $\frac{1}{14}$, and with corresponding glasses her accommodation rose to $\frac{1}{8}$, showing that there was no presbyopia. She had chosen the first glasses herself, at an optician's, but as no allowance was made for the difference between the two eyes the spectacles suited neither; made one slightly myopic, while they failed to relieve entirely the hypermetropia in the other, and the consequence was that she complained that her eyes were always worse after using them.

She called in a couple of weeks after getting her new glasses, and reported herself cured.

An additional and most aggravating symptom which the patient has to complain of in this condition, is often an inability to use the vision for any length of time without an utter confusion of objects supervening.

F. H. P., aged twenty, was troubled in this way, and if he persisted in the attempt an intolerable burning and smarting commenced. His lids were reddened, and if one eye was covered by the hand while he was reading it would seem to diverge from the common object of vision. His right eye was emmetropic V. $\frac{20}{xx}$, Ac. $\frac{1}{4}$. With his left, however, he saw only $\frac{20}{lx}$, but the addition of $\frac{1}{15}$ c. 185°, gave him V. $\frac{20}{xxx}$. Here the difficulty evidently arose from the inability of a partially short-sighted (astigmatic) eye to work well in harness with an emmetropic one. But by placing the far point of the left eye at infinity, by means of a correcting glass, the muscular apparatus of the two eyes was placed upon the same footing, and thenceforth worked harmoniously. Often headache is the principal cause of complaint, and without any notion of its real origin, as in the following cases:—

Miss T., aged thirty-six, has suffered from violent headaches for several years. Of late they occur almost daily and increase in intensity

as the day advances. All her family have died of consumption and she is in rather delicate health. Her tongue is clean and all her functions seem to be normally performed. It appears, however, that she passes much of her time in reading, until, indeed, she is obliged to stop, from headache, producing dimness of vision, according to her account of it. This statement drew attention to her eyes, and I found her tarsal conjunctiva hyperæmic. Vn. in right eye $=\frac{20}{LXX}$. In the left Vn. $=\frac{20}{XX}$ and Hm. $\frac{1}{4\frac{1}{2}}$. The ophthalmoscope showed that she was astigmatic in the right eye and hypermetropic in the left. The following glasses corrected the refraction completely.

O.D. $\frac{1}{24}$s $\supset$ $\frac{1}{20}$c 90°
O.S. $\frac{1}{16}$s.

With these Vn. rose to $\frac{20}{XX}$ in both eyes, and the headache disappeared from the time she commenced wearing them. Before this she had been through a variety of treatment, and in a methodical way had kept copies of her prescriptions. Some of them had evidently been intended for the relief of dyspepsia, others contained bromide of potassium, arsenic, quinine etc. Even galvanism had been used unavailingly. All these guesses might be likened to a flight of arrows shot by a blind man, of which not one hits the mark.

Mrs. Mary A. M., aged thirty-two, came to me for treatment of a furunculus in the external auditory meatus, and when nearly well, mentioned one day that she had suffered much from headaches for several years, and asked me if I thought anything could be done for them. These headaches had been attributed to stomachic disorders, and treated accordingly. She is extremely careful about her diet, but without effect, and thinks she has derived more benefit from the use of valerian than anything else, but is rather skeptical as to the utility of treatment. She is a seamstress, and constantly employed. Her eyes were sore to the touch, and she had some tarsal conjunctivitis. In her left eye V. $=\frac{20}{LXX}$; right, V. $\frac{20}{L}$. The opthalmoscope showed a difference in the refraction of the different meridians. $\frac{1}{30}$s $\supset$ $\frac{1}{48}$c 90° gave her V. $\frac{20}{XX}$ for both eyes, cured her ailments without medication, and enabled her to continue her work with comfort.

In both these cases the irritable condition of the sensory nerves was evidently caused by the continual rapid movements of the ciliary muscle in its attempts to make the lens counteract the faulty shape of the cornea. In ordinary vision, with the emmetropic eye (say in reading or writing), the accommodation having been brought to a certain point, the eye is in some sense at rest, or, at all events, enduring calmly and comfortably a well-defined, moderate strain. But in the eyes of Mrs. M. there was not only the ordinary effort, but in addition, a sharp action of the ciliary muscle, sufficient to cause a change in the shape of the crystalline equal to a lens of 48-inch focus every time she wished to distinguish between a perpendicular and a horizontal line. In the case of Miss T., this effort was more than twice as great in one eye, while the role of the other was to remain quiescent.

In both these cases, in addition, the relation between the convergence and the accommodation was disturbed, and no doubt contributed something to the sum total of nervous derangement.

In the following case the stomach was especially disturbed :—

Mrs. C., aged 36, does a great deal of fine work on a sewing machine, and is much confined. When she came to me she was suffering from tarsal irritation, lightness of head, headache, and complained particularly of frequent attacks of nausea and vomiting. She thought she must have disease of the brain. Although she averred that her eyes had always been strong, and that there was nothing the matter with her sight, examination showed O. D. V. $\frac{20}{LXX}$ O. S. V. $\frac{20}{XL}$; an analysis of her refraction disclosed the following errors :—

Left eye, $\frac{1}{36}$s $\supset$ $\frac{1}{12}$c 105°
Right eye, $\frac{1}{12}$s $\supset$ $\frac{1}{12}$c 75°

And with corresponding glasses she read No. 20 Snellen at twenty feet, fluently.

After wearing spectacles of this kind for several weeks, she called to report that all her symptoms had disappeared, but that she had found that, if she neglected to put on her glasses on rising in the morning, she was soon attacked with nausea and vomiting, which would subside, however, when she put on the spectacles.

A lesser series of troubles, yet troublesome enough in their way, may be exemplified by the case of Louis W., aged 10, a schoolboy. His mother was disturbed by the fact that he kept

up a constant winking. There was some tarsal irritation, a swelling and redness of the caruncle, and isolated fibres of the orbicularis in the lower lid took on, at irregular intervals, a series of twitchings. The winking was evidently under the control of the volition, and was done to relieve some uncomfortable feeling about the eyes. He had a manifest hypermetropia of $\frac{1}{36}$ and was relieved by using correcting glasses.

In the following case a recurrent iritis was apparently maintained by defective refraction in the sound eye. M. K., aged 49, was by occupation a shoe cutter. When I first saw him, his right eye had been sore for four months. Examination showed the trouble to be an old iritis which had become quiescent under treatment, leaving his sight defective in consequence of a deposit of urea on the anterior capsule. He soon after returned to work, and during the next five months had no less than three distinct attacks of iritis in the right eye, always consequent upon the use of the eye in his work, which required great accuracy, and was always relieved by treatment. As the left eye always sympathized in these attacks to some extent, it occurred to me that there might be some strain upon it. I found that he had been wearing $\frac{1}{36}$ for presbyopia, but that there was a defect in the refraction of his left eye, equal to $\frac{1}{24}$ c. 90°, in the right $\frac{1}{36}$ s. Corresponding glasses gave him Ac. $\frac{1}{40}$ v. $\frac{20}{xx}$ and were directed to be worn constantly. $\frac{1}{24}$ for both eyes, in addition to the above, gave him comfortable vision for near work, and since using this combination, now eighteen months, he has had no return of iritis.

From a consideration of a large number of cases similar to those quoted above, it would seem that the nervous and vascular derangements resulting from refractive errors have a certain sequence of numerical frequency which is probably, in a diminishing series, nearly as follows:—Ocular fatigue, watering of the eyes, tarsal congestion proceeding to conjunctivitis and even to a granular condition of the lids, burning, smarting pain, soreness of the ball to the touch, confusion of visual objects, headache, vertigo, nausea and vomiting, and even iritis.

In any case, then, in which one of the above-named symptoms resists ordinary treatment, or in which several of the symptoms coexist, there should be made an examination of the dioptic system, which will often furnish the solution of the difficulty.

PERSISTENT FACIAL "NEURALGIA"—RHEUMATIC SCIATICA.

BY C. C. VANDERBECK, M. D.,
Of Philadelphia.
Assistant to Prof. W. H. Pancoast.

Mr. M., aged thirty-six, driver, came to Dr. Pancoast's office, May 18th, to seek a cure for an obstinate and terrible neuralgia, of twelve years' duration. The following history was obtained:—He served as a private soldier during the war, and was honorably discharged July 1st, 1865. Early in September a severe attack of facial neuralgia came on. This pain was confined to the labial distribution of the infra-orbital nerve. The severity of the attack was over in two weeks, but he suffered more or less every day all that winter.

During the following summer he was almost well; only an occasional visit of his tormentor occurred, and this was generally brought on by washing the face in water too cold. Next autumn, and every fall since, the attacks were renewed with their original severity, the intermediate summer months being seasons of comparative comfort. The pain usually begins as a burning, and then produces a sensation as if many needles were pricking him. When the pain is very severe the facial muscles twitch. The pain confines itself chiefly to a point corresponding with the exit of the nerve, and extending four lines toward the upper lip. The æsthesiometer shows decreased sensibility over the affected part. The opthalmoscope gives negative results.

No history of syphilis. No doubt his life as a soldier, attended with its exposure and hardship, was a causative element, in so far as the depressed vitality favors the origin of neuralgia. This painful malady finds a congenial nidus in all lowered conditions of the system, but scarcely ever or never occurs in a sound and hearty person. The gentleman having had an unusually severe attack this past winter, and it showing no sign of abating, he applied, as remarked above, to Dr. Pancoast, for relief.

The various remedies for neuralgia having been principally tried, the doctor determined to waste no time in further medical treatment, but to excise the infra-orbital nerve at its exit from the superior maxilla. On the morning of May 23d, with a delicate-bladed tenotome, he pierced the skin near the foramin, and subcutaneously severed the nerve some distance within the

infra-orbital canal. After the momentary pang caused by cutting the nerve was over, the man reported with joy that all pain had gone, and that only a sensation of numbness was felt.

June 7. He reports that he feels like another man, and that he has had no return of his malady.

Rheumatic Sciatica.

Mr. A. B., aged thirty-two, clerk. About four years ago he began to have a dull pain along the course of the right sciatic nerve. At the point of exit of the nerve from the pelvis, and about the ankle, the pain was particularly noticable. He suffered also with frequent attacks of cramps in the calf, of such a severe character that he was often awakened from his sleep at night. One year after this, while putting on a new pair of drawers, he noticed that the affected leg was much thinner than the sound one. He came under my care April 1st, 1876. At this time he had pain along the course of the right sciatic nerve, especially severe in the hip and in the calf. The pain was increased by pressure, in assuming any position that would put the nerve on the stretch, and by damp changeable weather. The right calf measured one inch less than the left. No history of syphilis, but has had severe attacks of rheumatism, since early life—eight years of age. I ordered five grains of iod. of pot., and five drops of wine of colch. root, three times a day. This in a very short time relieved the pain, but the bowels were so much disturbed that the colchicum was necessarily withdrawn. During the war he was much troubled with chronic diarrhœa; since then his bowels are easily excited. This, no doubt, accounted for the rapid effect of small doses of colchicum. The iodide was continued for three weeks, at the end of which time the pain and tenderness had entirely disappeared. No more cramps.

May 15th.—He has had no return of his malady, but having continued the use of the iodine all along, he complains of a troublesome eruption on right arm only. I ordered three drops of Fowler's solution thrice daily.

May 27.—No return of sciatic pain; eruption quickly disappeared after the administration of the arsenic. It is my habit, in using the bromide in long treatments, to prescribe arsenic after meals. Nothing can be more disagreeable to a lady than acne on the face, produced by bromism. The use of arsenic allows a constant and prolonged use of the bromide without the unpleasant accompaniment mentioned above. This suggested the use of the arsenical solution to prevent the similar eruption of iodism.

The delightful success of the iodide in this case corroborates the opinion that the more clearly the rheumatic element is defined the more benefit may be expected from the use of the iodides. The rapid effect of this drug can easily be explained, by the alterative effect upon the blood, which probably was more at fault than any inflammatory change in the sheath of the nerve.

Headland calls attention to the fact that the iodides have a double action, first, causing absorption; second, meeting and neutralizing various poisons in the blood. The gentleman was informed of the liability to a relapse.

In just such cases, so quickly relieved, is there danger of a relapse, for there is a constant tendency to the formation of the rheumatic poison, which may accumulate in sufficient quantities, after withdrawal of the medicines, to irritate again the sciatic nerve. In order to favor the nutrition of the wasted muscles, I ordered frictions and the use of the induced current of electricity for ten minutes three times a week.

CHOLERA INFANTUM.

BY V. ST. CLAIR, M'NIDER, M. D.,
Of Northampton Co., N. C.

The ravages of this frightful malady are so great, particularly at this season of the year, that a few remarks in regard to it will not be inappropriate. I do not offer them with the object of presenting anything new, but more in the hope that others may be induced to give their views also. In a multitude of counsellors, it is said, there is wisdom.

The literature of cholera infantum is exceedingly limited; this is much to be wondered at, since it prevails so alarmingly and fatally throughout all sections of our country, and physicians, both in our cities and in the country, are brought so much in contact with it, and the victims, those little helpless creatures, are so dear to us, our patrons and friends; it is surprising our journals do not teem with the different views of its etiology and treatment.

It seems to be almost exclusively an American disease. But two European authors allude to it, that I have seen, and they very slightly,

so slightly, in fact, that it must be a very rare disease there. West (Diseases of Infancy and Childhood, page 514, 4th American edition) mentions it once. Niemeyer (Prac. Med., vol. I, page 483) treats of it under the head of Acute Gastric Catarrh; and Tanner, in his most admirable work, does not even allude to it.

In regard to its etiology, there is quite a diversity of opinions among authors. Some regard the atmospheric heat of summer as the chief cause; the use of indigestible food, uncleanliness, etc. (Vide. Smith, N. Y., page 625). Others, again, the imprudences in the diet of mothers who nurse their babies, and the improper cleansing of the bottles and nipples for bottle-fed infants; and some authors regard dentition as a cause. Now, doubtless, all these are predisposing causes, and aggravate the trouble, particularly dentition, since it occurs principally at that time. Why it should prevail mostly then is explained by the fact that at that time the systems of infants are most impressionable; due, first, to the irritation caused by the teeth, and secondly, to the changes and development going on in the alimentary canal. My impression is, and has been for a long time, that cholera infantum is dependent upon and due to malaria. There are many reasons that forced me to this conclusion; none more potent, however, than the peculiar types of fever the disease assumes—intermittent and remittent—the happy curative action of quinine, and the peculiar range of temperature (Vide. Seguin, Med. Thermometry and Human Temperature, pp. 200, 208, 235).

My treatment of the affection is simple, and has been much more satisfactory than that laid down by the books. If I see the little patient in the beginning of his trouble—and this is very important—and if there is no great urgency, I give one-fourth to one-half grain of calomel, with one-half to one grain of rhubarb, every hour. The calomel with the object of inducing, and until the presence of bile is seen in the evacuations. The powdered rhubarb for its secondary astringent effects. If there is much fever, I reduce the temperature and thirst by cold sponging, taking care not to expose too much of the body at one time, and not to cool off too suddenly. Bits of ice or cold water are given *ad libitum*. Cloths frequently wet in cold water are applied to the head. For the almost inevitable nausea and vomiting I use mustard rubbed up with lard or oil, instead of vinegar or water, applied over the stomach. In this way the mustard is less irritating, and equally as effectual. If this does not control the vomiting, spice poultices wet in brandy are next used. Subnitrate of bismuth internally. I never use the fly-blister upon an infant.

Some practitioners prefer mercury and chalk instead of calomel; but as chalk in all its preparations has disappointed me so often, I never use it, except the pulv. cretæ comp. cum. opii, and this is preferred as a mild anodyne, and for the stomachic and astringent effect of the tormentil in it.

Quinine is my main reliance, and this is my plan of giving it. Learning when there is an apyrexia, I give, during this intermission or remission, from a half to one grain of quinine, according to age, every hour, *until its effect is seen*, then continue it once in two hours, until the expected exacerbation, when it is discontinued, to be resumed again at the next apyrexia, and so on. Quinine is doing its duty when it tranquillizes the nervous system, relaxes the skin, and clears off the tongue. Used in this way it is wonderful how much it modifies the next paroxysm. When there are no cerebral symptoms to contra-indicate it, I combine with the quinine from a quarter to half a grain of Dover's powder.

The physician can only feel hopeful when he has succeeded in reëstablishing the normal excretions of the liver and kidneys. The persistent use of calomel and quinine will do this. Astringents are called for and demanded. I have used all that are recommended, and have been as often disappointed. Catechu, kino, rhatany, etc., may do very well for diarrhœa, but in cholera infantum, when the inflammation has advanced, say to entero-coleitis, they are ineffectual. In the oxide of zinc I think we have one of the happiest remedies. I have used it so often and with so much satisfaction that I can confidently recommend it.

Not only do we have a weak condition of the nervous system at large in this affection, but particularly so of the nerve-centres that control the whole alimentary canal; again, from the impressionable state of the nervous system of infants, there is, as we know, a great predisposition to convulsions and other spasmodic affections, to which cholera infantum is not a little correlated; again, the bloody stools show us that

there is a hyperæmia of the excreting surfaces of the canal. These facts demand a remedy possessing not only astringent but anti-spasmodic virtues, and the oxide of zinc is just the article that fulfills the indications. I give this in two or three-grain doses, every three or four hours, according to symptoms, either alone or with pulv. ipecac. or Dover's powder. If gastritis complicate the affection, I use the subnitrate of bismuth. For the tormina and tenesmus, I use injections of tepid water, and the usual starch and laudanum enemata. Sulphate of zinc (half a grain to one ounce) has acted happily for me, and I have seen no bad effects from it.

For the acidity of the stomach, instead of lime water, I add a few grains of soda bicarb. to the milk or barley water.

Strict attention should be paid to the diet. A child with this affection needs to be well sustained and nourished. Brandy is indispensable.

THE ELASTIC LIGATURE IN ANAL FISTULA.

BY CHARLES BASKERVILLE, M. D.,

Of Horn Lake, Miss.

I wish to report a case of fistula in ano treated by the elastic ligature, as originated by Dittel, and recommended by M. Daniel Molliere, and Mr. Allingham. I am prompted to do so because I have never seen a report of such treatment in either of the several medical journals I take. As it is quite a common affection, I feel satisfied, from my own experience, that those who will try it will be reluctant to again take up the knife, save in such complicated cases as will necessitate its use.

Though my case is a single one, the advantages of this mode of treatment, as summed up by the above named gentlemen, were so well sustained in my case, that I can do no better than epitomize them.

1. The small amount of pain attending the operation.
2. Absence of hemorrhage.
3. Rapid recovery.
4. The patient is not necessarily confined to bed.
5. The most delicate person can be operated upon.
6. Anæsthetics are not required.
7. There is a small amount of suppuration.

W. McC., farmer, aged 40, consulted me last January. He had been suffering from anal fistule for three years, and had been treated with ointments, etc. He complained of all the symptoms incident to such a case, which were, at times, much aggravated by internal hemorrhoids. Upon examination, I found two fistulous openings; one situated nearly over the tuberosity of the ischium, about one and three quarters inches from the anus on the left side, and the other in the perineal space, half an inch to the left of the raphé and one inch in front of the anus. I found a ready passage from the first of these openings into the rectum, about one inch above the outlet of the bowel. The other sinus opened into this passage about midway in its course. The surrounding parts were much swollen and indurated. The general condition of his health was bad, and he was decidedly of a phthisical diathesis. I placed him on an iron and quinine tonic, with directions to clear the bowel daily with simple enemeta, and I also gave him a resolvent ointment to apply, and ordered him to report in ten days.

On Friday, January 28th, he came to my office, somewhat improved in general health. I threaded an ordinary pocket-probe with my piece of rubber, and passed it through the opening, over the tuber ischii, into the bowel, and brought it out through the anus, with but little pain. With a shoe-punch, borrowed from a neighboring store, I made a hole through an ordinary buckshot, through which I passed the free ends of my ligature, and making it taut, pushed up the shot close to the parts, and clamped it with an old pair of tooth forceps. There was considerable pain for a few minutes, followed by a slight amount of faintness and nausea, all of which readily succumbed to half a gill of brandy and a quarter of a grain of morphia. In bending down the end of the probe with my index finger, to bring it out of the anus, I discovered the internal hemorrhoid, about half an inch long, and so situated that I could include it in my ligature, which I did. He rode home with comparative ease, a distance of three miles.

As an alterative, I put him on a teaspoonful of the elixir of iodo-bromide of calcium compound, three times a day, and directed him to keep the bowels in a soluble condition by the proper attention to his diet, and an occasional dose of oil.

On the third day I visited him and found him

progressing favorably, with some suppuration through the opening in front of the anus. I had expected at this time to introduce another ligature through this sinus, but changed my idea, and injected into it a very strong tincture of iodine, and applied a compress and T bandage. On the following Friday (eighth day) the ligature came away while at stool, leaving a small fissure not more than a line in depth and a quarter of an inch long. This I touched with nitrate of silver.

On Monday, the eleventh day after the application (for it could hardly be called an operation), he rode horseback to the depot, to take the cars for the county seat, distant twelve miles, to attend a meeting of the Board of Supervisors, of which he was a member. A week afterward I examined him, and found him entirely well, with not a vestige of fistule or hemorrhoid left. His health is now good and he has gained twenty-five pounds.

The ease and simplicity of this case, with its satisfactory results, will, I hope, recommend a like procedure to professional brethren.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, May 24th, 1875, Dr. Charles K. Briddon, President, in the chair.

Rupture of Bladder.

Dr. Erskine Mason presented a specimen of rupture of the bladder, with a history as follows:—

A man, aged thirty-two years, was admitted to Bellevue Hospital on May 13th, 1876. On May 10th he had been arrested while in a state of intoxication, and locked up in the station-house. Shortly after his incarceration he suffered from pain and inability to void his urine. He appealed for relief, and by way of treatment was deluged with cold water. During the night he again cried for help, but no attention was paid to him. On the following day he was transferred to the Tombs, where his urine was drawn off by the prison physician. From the Tombs he was brought to Bellevue Hospital, at two o'clock on the afternoon of May 13th. Half an hour later he was seen by Dr. Mason. He was perfectly rational. There was general prostration; his pulse was feeble, and his countenance bore an anxious expression. The abdomen was tympanitic, except at its lower part, where dullness existed. There was great discoloration of the scrotum, but no contusion or swelling of the perineum. The patient evinced an urgent desire to void urine. The catheter was introduced, and twenty ounces of turbid urine was drawn off. It contained no blood. The abdomen was again examined, and the same condition as before described was found. No stricture of the urethra was discovered. On passing the finger into the rectum, a swelling was discovered, situated behind the prostate gland, a little to the left of the median line, which contained fluid. Dr. Mason thought that the case was either one of rupture of the bladder, or rupture of the urethra and extravasation of urine into the perineum. The patient was very much prostrated, and insisted upon taking ether. The usual operation for stone was performed. The finger being passed through the incision, it came in contact with a rent in the bladder; on withdrawing it, however, no urine flowed out. A silver catheter was introduced through the wound, and twelve ounces of a turbid fluid, containing shreds of lymph, was drawn off. The patient recovered from the effects of the ether very slowly. He gradually sank, and died twelve hours after the operation, and on the fourth day after the retention of urine had taken place.

Autopsy.—Recent peritonitis was found, the intestines being agglutinated together by adhesions. There was some urine in the abdominal cavity. The rupture had occurred through the posterior wall of the bladder, and measured one and a half inches in length. The edges of the wound were everted, swollen, and in a sloughy condition. The walls of the bladder were healthy.

Dr. Mason said that this had been the fourth case of rupture of the bladder which had come under his observation since the year 1871. The first case he had reported in the August number of the New York *Medical Journal* of that year. He had done the operation as for lithotomy in all his cases, with two recoveries and two deaths. In looking over the history of the operation for the relief of this class of cases, Dr. Mason found that it had been performed for the first time in 1845, by Dr. W. J. Walker, of Boston, twenty-four hours after the occurrence of the injury. The patient had recovered

In 1854, Dr. Willard Parker, of this city, had performed the operation, which had been followed by the recovery of the patient. Later, Dr. Weir had performed the operation on a man in St. Luke's Hospital, whose pelvis had been severely injured, besides the rupture of the bladder. The patient died. The case had been regarded as hopeless, in view of the extensive injury to the pelvic bones.

In Dr. Mason's first case the operation had been performed three days after the rupture had occurred; in the second case, only a few hours after; in the third case, twenty days later; and in the fourth case four days had elapsed. The third patient lived four days after the operation.

Statistics show the great advantage of this operation over the old method of treating these cases, by doing nothing, or by introducing a catheter into the bladder. Out of seven cases treated by operation, four had recovered; while

of seventy-eight cases, where nothing had been done, except to introduce a catheter into the bladder, five only had recovered.

Embryo at Period of Conception.

Dr. Mary Putman Jacobi exhibited a specimen of embryo, with a history as follows:—

A married woman would occasionally pass a clot during menstruation, accompanied with pain. On microscopic examination the supposed clot was found to be composed of flat epithelial cells, imbedded in a delicate meshwork. However, on examining the specimen carefully with the naked eye, it is found not to be transparent but rather opaque, which is probably due to a hemorrhage. It presents the form of an embryo, showing the head, neck, extremities, and the rudiments of an umbilical cord. The specimen was very small, and owing to the non-interruption of menstruation, had probably been thrown off shortly after conception had taken place.

Perforation of Appendix Vermiformis—Femoral Hernia—Ovarian Tumor.

Dr. Puignet presented, first, a specimen of perforation of the appendix vermiformis, with a history as follows:—

A man, aged nineteen years, had not been feeling well for a few days. On May 22d, while in the act of entering his carriage to go and consult his physician, he was attacked with syncope and died forty-eight hours after. The diagnosis of peritonitis had been made.

Autopsy.—There was general peritonitis and perforation of the appendix vermiformis.

The second specimen presented was a femoral hernia, taken from the body of a lady sixty-eight years old, who had suffered from intestinal obstruction for years. Croton oil was the only drug which relieved her constipation. Last autumn she had noticed a lump in the left inguinal region. Later she was taken with vomiting, her pulse being 120. The aspirator was used, owing to œdema near the hernial sac. The hernia was finally reduced without opening the sac. She was doing well, but on the eleventh day after the reduction of the hernia she insisted upon rising from her bed, and died twelve hours later, in a state of collapse.

Autopsy.—There was suppurative peritonitis, the small intestines being adherent to the neck of the sac. Forty-one years before a hernia had been discovered by her physician, for which the wearing of a truss had been recommended; this advice had not been heeded, but a pad had been worn instead, since which time the hernia had disappeared.

The third specimen presented was an ovarian cyst, removed from a lady aged seventy-one years, a multipara. It had been tapped on March 11th, 1876, and twelve pounds of fluid removed. On March 15th she developed peritonitis, but under the influence of opiates she recovered. The cyst was removed on May 3d, and with its contents weighed fifty pounds. The points of interest connected with this case were: first, that this patient was the oldest one on record upon whom the operation had been performed; second, that the cyst was unilocular. The patient made a good recovery.

Diphtheria—Tracheotomy—Recovery.

Dr. Leale presented specimens of diphtheritic exudation, with the following history:—He had been called to see a child, aged two years and eleven months, on March 19th, 1876. He found that the child was suffering from diphtheria. On the 22d there was great dyspnœa, and the child was threatened with suffocation. The larynx and trachea were stuffed with false membrane; this was removed by means of the long-elbowed forceps. The patient was tracheotomized. Fully one hour and a half elapsed before it became safe to introduce the cannula, on account of the presence of the exudation. The patient was seen by Dr. J. Lewis Smith two hours after the operation, and every two hours by Dr. Leale, for several weeks. After the operation the membrane was examined microscopically, and found to contain bacteria. On account of erosions of the trachea, the tube was removed on the third day after the operation, and inspiration could be performed through the artificial opening. The temperature ranged from 102° to 105°, F. On the twelfth day it had been 105°, F.

Notwithstanding that septicæmia and albuminuria developed, and that the child was very obstinate in refusing to take all medicine, recovery took place. Three weeks after the operation, the child was brought to the doctor's office; the opening into the trachea had not closed yet, and the voice sounds were unimpaired.

Dr. Putnam Jacobi remarked that she believed this was the youngest successful case on record.

Dr. Beverly Robinson said that there had been several successful cases reported, in which the operation had been performed on children a year old.

Dr. Mason said that he had found the long-elbowed forceps of great use, for the first time, several years ago, in a case of this kind, after the operation. By introducing them, closed, through the tube into the trachea, and suddenly opening the blades, he had caught between them some hardened phleghm, which he had removed, thereby saving the patient's life. He further stated that he had known of sudden death occurring from the plugging of the tube in a case forty-eight hours after the operation, in the absence of the attending physician. In future he proposes to make the usual incision into the trachea, keeping it open and introducing the tube a few days later, in order to avoid the danger above mentioned.

Dr. Robinson said that ulceration of the edges of the wound was due to the kind of tube used. He thought that the tube should be bent at right angles. The spasmodic cough which occurs after the operation was due to the presence of the tube in the trachea, and

was, in his opinion, salutary, as it produced expulsion of the false membrane.

Dr. Briddon did not agree with Dr. Mason's plan of introducing the tube only a few days after the operation, as he did not see how respiration could be performed without it. He had always found the presence of the cannula to be tolerated by children as long as it was pervious. He had lost two cases from the plugging of the cannula with inspissated mucus. The question had often arisen as to the utility of performing tracheotomy in cases of diphtheritic croup; he thought there was no doubt as to its advantage.

Dr. Mason related the case of a child who had been greatly prostrated by the disease, and upon whom the operation had been performed to relieve the excessive dyspnœa. After opening the trachea, the child coughed, and some of the exudation suddenly rose to the orifice, but before it could be seized with the forceps, dropped back into the trachea, causing apnœa.

Dr. Leale said that in one of his cases, on removing the cannula, twenty-four hours after the operation, he had found that cicatrization of the tissues had taken place around it, and that respiration could be performed without it for one week afterward.

Dr. Briddon said that he always advised parents to remove the tube, for the purpose of cleansing it, then to soak it in glycerine before replacing it. Since the adoption of this plan, he had had no more trouble from inspissated mucus.

Syphilitic Necrosis of Tibia, Fibula and Astragalus.

Dr. Briddon presented a specimen of syphilitic necrosis of the lower end of the tibia, and fibula, and erosion of the astragalus. He had amputated the leg at the junction of its upper and middle third.

NORTHERN MEDICAL SOCIETY, OF PHILADELPHIA.

Feb. 11th, 1876. The President, Dr. C. K. Mills, in the Chair.

Dr. J. S. Heilman read the details of a case of strangulated hernia occurring in his practice, of which the following is an abstract:—

James Smith, aged 30, colored, laborer, healthy, with exception of venereal disease, of which he bears evidence on his person. Has oblique inguinal hernia on left side, of eight years' standing; wears truss. Hernia has "come down" a number of times, but was able to replace it generally without much difficulty. Became strangulated Nov. 29th, 1875; saw him two hours afterward, but was unable to reduce, under the influence of chloroform. Made cold applications, and gave morphia in quantities sufficient to relieve the pain. Next morning he saw the case with Dr. Stone. Taxis again failed.

1.30 P. M. Saw him with Drs. Hall and Stone, and concluded to use an aspirator. As that instrument was not at hand, they used an ordinary hypodermic needle and common syringe. Succeeded admirably, and after all the gases and fluids of the tumor had been withdrawn, had no difficulty whatever in reducing. After treatment consisted of opiates, internally, and locally, a compress, with cold water applications. On fourth day bowels moved, and on seventh day patient was discharged, well.

He had found reports, in the various medical journals, of thirty-one cases thus treated; they were all successful except those in which adhesions existed. No bad effects were observed from its puncture in any case, nor was the mortality, when the knife operation was performed, any greater than it ordinarily is without aspiration. In two cases patients resumed their usual work twenty-four hours after puncture. Longest time required to reduce after aspiration was ten minutes. The cases include hernias of all varieties, of more or less recent date, and in patients of all ages. Of 774 cases of herniotomy, collected by Mr. Gay, 334, or 43 per cent., died. Of the 31 cases treated by aspiration only 11 per cent. died. He thought the results of cases thus treated show that the operation should be performed early, immediately after a careful and thorough attempt at reduction by taxis had failed.

Dr. F. H. Gross said he had been much interested in the report of Dr. Heilman's case. He had no doubt the aspirator would be much more frequently resorted to in this class of cases, when its value and entire safety came to be more generally understood. He reported at length the case of an old woman, aged 70, who had suffered for many years with femoral hernia, which she had been in the habit of frequently reducing without difficulty, retaining it in place by a suitable truss. She called his attention to a tumor in the femoral region, which she could not "put back." The patient was much broken down in health, having been a dyspeptic for many years, which had very markedly disturbed her general nutrition. She had also a small ovarian tumor on each side. There was now persistent vomiting, but not stercoraceous. The tumor in the groin presented all the characteristics of strangulated hernia, and was, in consultation with Drs. Shapleigh and Collins, diagnosed as such.

Efforts at reduction by taxis having failed, operative procedure was resorted to, and by request of the patient, without anæsthesia. They were surprised to find only a sac filled with a straw-colored fluid. There was no intestine, nor any evidence of intestine or omentum having occupied it. It was therefore pronounced hydrocele of the sac, which he regarded a somewhat rare form of disease.

The patient died on the second day after the operation, without reacting. The sac, with the adjacent tissues, were exhibited to the society. The doctor presented the case as one extremely difficult for accurate diagnosis. The aspirator would have emptied the sac of its fluid contents, but he did not think would have thrown light

upon the real character of the tumor. The patient died from her general decrepitude, and not from the surgical interference.

Dr. Santee alluded briefly to a case of scrotal hernia, which he thought remarkable, from the great size of the tumor. The patient had dispensed with his truss during a night's debauch. The intestine entered the sac, but could not be dislodged as he had been frequently in the habit of doing. Gentle taxis easily reduced the her nia, but the size of the scrotal tumor was not diminished. It remained the size of a child's head, thick and doughy, and the testicle could not be discovered.

ALLEGANY COUNTY (Md.) MEDICAL SOCIETY.

The society held their regular monthly meeting in Frostburg, Md. Dr. G. E. Porter, President, in the chair.

Dr. I. W. Craigen was duly elected a member of the society.

Dr. C. H. Ohr gave an account of proceedings of the late meeting of the American Medical Association, to which he was a delegate.

Dr. George B. Fundenburg read the history of a case of puerperal eclampsia, with manual dilatation of the os and delivery with the forceps; convulsions were of a uræmic character; patient was bled and a dead child delivered. Patient recovered.

Dr. George B. Fundenburg reported continued improvement in the case of amputation of anterior line of os uteri, mentioned at last meeting.

Dr. C. H. Getzendanner presented a case of tumor in a boy, seven years of age, which elicited considerable debate as to its diagnosis and treatment.

Dr. G. E. Porter presented an interesting specimen of an almost complete necrosis of clavicle.

Dr. C. H. Getzendanner gave the history of a case of compound comminuted fracture of the leg, treated with the "plaster-of-paris bandage." There was no appreciable shortening. The doctor made some most interesting remarks on the advantages of this method of treating fractures.

The next regular meeting of the society will be held in Frostburg, Md., when there will be an election of officers for the ensuing year.

Wardlaw McGill,
Corresponding Secretary.

Editorial Department.

Periscope.

Conclusions Concerning Whooping Cough.

At the close of a clinical lecture reported in the *Lancet*, Dr. Octavius Sturges, Physician to the Westminster Hospital, London, says:—

If whooping cough has at all the relations I would claim for it, not only would certain obvious precautions suffice, in the absence of a common cause, to prevent its spread, but that method of treatment by change of habit, and residence, and associations, so admirably described by the late Dr. Salter in his work upon Asthma, and epitomized by the French phrase "profoundly modifying the situation," should be as effectual in whooping cough as in the disease so intimately allied with it.

The conclusions to be deduced from what has been said would be something as follows:—

1. Whooping cough is a nervous disease of immature life, due immediately, like nervous asthma, to a morbid exaltation of sensibility of the bronchial mucous membrane. Although possible in a modified form at all ages, it has its period of special liability and full development simultaneously with that time of life when the nervous system is irritable and the mechanism of respiration diaphragmatic. A child of the proper age with catarrh and cough is thus on the very brink of whooping cough. A large portion of such children will develop the disease for themselves upon casual provocation, all contagion and all epidemic influence apart.

2. The whoop of whooping-cough is due to a spasmodic contraction of the diaphragm which follows its extreme relaxation with the emptying of the lungs by spasmodic cough, the force of the inrush of air being met by a conservative spasm on the part of the glottis.

3. The natural history and relations of whooping-cough, its uneven course, indeterminate duration, method of recovery and cure, frequent absence of pyrexia, and seasons of prevalence, are in striking contrast with diseases of the zymotic class. Admitting the fact of its contagion, the great commonness of the disease and its association with epidemic catarrh, coupled with the popular belief that its source of infection may be indefinitely remote, are circumstances which must combine to render whooping-cough more contagious in appearance than it is in fact.

4. In its character as a purely nervous disease, whooping-cough may very well be contagious, like other nervous affections of a quasi-voluntary kind. The assumption of a specific morbid poison is both hypothetical and gratuitous, or

so nearly gratuitous that the facts it seems to explain are insufficient to counterbalance its inherent improbability.

5. The non-recurrence of whooping-cough is not, in strictness, analogous to the non-recurrence of contagious fevers, nor out of real harmony with the pattern of nervous disease. It is the rule that affections of this class alter their shape with the successive epochs of life, so that each will appear either solitary or recurrent, according as the time allotted for it is shorter or longer. The after-infancy period to which whooping-cough attaches is one of brief duration and special liabilities. The features of the disease are in strict correspondence with the characteristics of its time of life.

6. The specific remedies for whooping-cough (which have their season and may be said now to include all drugs whatever of any potency) have all of them a certain testimony in their favor. They agree in a single point: whether by their nauseousness, the grievous method of their application, or the disturbance they bring to the child's habits and surroundings, the best vaunted remedies—emetics, sponging of the larynx, ill-flavored inhalation, change of scene, beating with the rod—all are calculated to *impress* the patient, and find their use accordingly.

Salicin in Acute Rheumatism.

The almost specific power which salicin seems to possess, of arresting the course of certain cases of acute rheumatism with high temperature, is well exemplified in the following case, from the *Lancet*:—

James A., aged 22, was admitted May 16th, on the second day of his illness, with all the symptoms of rheumatic fever. He was quite helpless from the severity of the pain in the large joints, drenched with acid perspiration; the chest and abdomen covered with sudamina; the tongue thickly coated with white fur. Pulse 120, full and bounding; temperature 104°. No cardiac complication. The patient was at once put on salicin, ten grains every second hour; to have half a grain of the acetate of morphia at night; milk diet. On the evening of admission, after six doses of salicin, the temperature had fallen to 102.8°.

May 17th.—Pulse 104. Morning temperature 102.4°; evening 102.6°. Pain in elbows and wrists very severe.

18th.—Pain much relieved. Morning temperature 101.4°; evening 101.8°; pulse 98.

19th.—Patient expresses himself as quite relieved. Perspiration much less; tongue cleaning. Morning temperature 100.2°; evening 101°.

20th.—Improvement continues. Patient says he feels quite well, his pain quite gone, and he has asked to be allowed to get up. Morning temperature 99.2°; evening 99.8°; pulse 86.

21st.—Patient quite convalescent. Temperature normal.

22d.—Allowed up. Temperature normal.

23d.—Patient very anxious to be discharged, as he says he feels "perfectly well."

25th.—Patient discharged, convalescent.

This case well illustrates the marvelous power which salicin seems to exert in some cases of rheumatic fever. On admission the case threatened to be long and severe, the temperature was high, and all the symptoms acute, yet in four days the patient was practically convalescent. The rapidity of the cure will contrast favorably with the most favorable recorded cases under other modes of treatment, and from what we know of the history of rheumatic fever, the result can only be attributed to the salicin.

Signs of Arsenical Poisoning in the Heart.

Mr. Robert Harvey, in the Indiana *Medical Gazette*, notices a fact which has not previously been made so fully known as he puts it, viz., the condition of the endocardial membrane after poisoning by arsenic. The author has collected together the facts relating to a very large number of arsenical poisonings, and on the subject now specially named he reports as follows:—

"The condition of the lining membrane of the heart is given thirty-three times, and is a point which should be carefully noted in future. In eight cases only in which it was carefully examined was it found to be natural. In two cases by Dr. Warburton the endocardium was deeply stained, but the action of running water rapidly removed the congested appearance, which does not seem to have amounted to ecchymosis.

"In twenty-three cases it was found congested or ecchymosed, the appearance being apparently confined to the left ventricle in most of them. The mitral valve was stained with bluish spots of extravasated blood in a case reported by Dr. Harris, of Shahjahanpur, in February, 1870. This officer reports seven cases of arsenical poisoning in three years, in five of which this endocardial congestion was present.

Rigaud's Treatment of Varicose Veins.

Dr. Rigaud, of Nancy, uses, in the treatment of superficial varicose veins, the method of simple isolation. By this method he has isolated the varicose mass entirely, for about four or five centimètres of its course, and simply exposed it to the air, whereby it becomes obliterated, dried up, mummified, and very often ruptures spontaneously. He has never seen any phlebitis, properly so-called, following the treatment. Two or three times he has observed lymphangitis, which has been arrested by treatment. The author believes firmly in the innocuousness of his method, at least, as far as he has gone. He cites, it is true, three unfortunate cases, but in these instances the veins had been wounded by the surgeon. But all the danger of operations practiced on veins lies in the event of traumatic lesion, and it is as a means

of avoiding this that one must essentially value the method of simple isolation. M. Rigaud has practiced his method since 1852, for the obliteration of varices of the limbs, more than one hundred and forty times, and on the veins of the pampiniform plexus, eleven times.

M. Bergeron has endeavored to show what occurs in veins thus denuded according to the method of M. Rigaud. The isolation of the vein destroys the cellular envelope, in which are the *vasa vasorum*. First the external tunic, and then the middle tunic sphacelate, and finally the internal tunic and its endothelium; the blood which up till this time had continued to circulate, as it found in its path a regular epithelium, smooth and absolutely normal, becomes coagulated on contact with the altered internal tunic, the necrosis of which renders it a foreign body.

Treatment of Senile Pneumonia.

After narrating some cases of this in the *Lancet*, Dr. J. G. Glover adds:—

My belief is, that during the pyrexial period the best treatment is a cooling and sustaining one—that of simple salines with beef-tea, milk, water; and, if there is great heat or feeling of heat, a little ice may be swallowed from time to time. Over the affected part I invariably order a large linseed poultice to be kept, and renewed every three or four hours. When the period of crisis comes, no time should be lost in giving such moderate doses of stimulant as seem to help, and not to heat, the patient. The thermometer and the pulse together will guide the judicious practitioner in regard to the dose. I have seen nothing to indicate the good of such quantities of stimulants throughout the disease as Todd used to give; but facts of the kind above given, and the sensations of the patient, leave little room to doubt that a moderate allowance of alcohol at the time of crisis, or a little before, is to be regarded as a part of the "food convenient" for such cases. The prostration of the patient at this time, at whatever age, is generally very great, and in elderly people especially, very apt to be fatal.

Torsion of Arteries.

At a recent meeting of the Surgical Society of Paris, M. Tillaux read a paper (reported in the *Gazette des Hôpitaux*) on the torsion of arteries. The conclusions at which he has arrived are the following:—

1. Torsion is applicable to arteries of all calibres, and more especially to large arteries.

2. One pair of forceps only is necessary for the operation, whatever may be the size of the artery.

3. The artery ought to be seized with the forceps obliquely, and not in its continuity, in such a way as to thoroughly include in the fangs of the forceps the three coats in their entire width.

4. Torsion ought to be carried as far as the complete detachment of the part seized by the forceps.

5. The turning back (*refoulement*) of the tunics toward the heart, advised by Amussat, and the limited torsion recommended by Amussat and the English surgeons, are useless.

6. Torsion is applicable to atheromatous or inflamed arteries. It is a valuable means for checking hemorrhage at the bottom of wounds.

7. It favors the immediate union of wounds by the absence of all foreign bodies.

8. There is as much safety against primary hemorrhage with torsion as with the ligature.

9. It affords greater safety against secondary hemorrhage than does the ligature.

Since 1871 M. Tillaux has exclusively employed torsion after both great and small operations. There has never been either primary or secondary hemorrhage in about one hundred great operations in which he has resorted to this practice.

The Mechanical Action of Violet Light.

The influence of light on physiological processes, and on mental health, gives professional interest to the annexed article, which we borrow from the *Scientific American*:—

M. Paul Bert's recent investigations as to the cause of changes of color in the chameleon have led him to a discovery of considerable importance, since it indicates a mechanical effect of light, and more especially of the violet rays, hitherto entirely unknown. He traces the changes of hue of the reptile to minute corpuscles or chromoblasts, which are located either below the dermis or at the surface of the skin, according as they are affected by certain nerves which are respectively analogous to the vaso-constrictors and vaso-dilatators. When the chameleon is placed half in red light and half in violet light, obtained by passing sunlight through colored glass, the portion on which the red light falls remains of the normal yellow color, while that affected by the violet light changes to a greenish-black hue. This same effect can be produced by suitable nerve excitations and divisions, showing that the accession of color on the skin is absolutely caused by the rising of the colored corpuscles to the surface; while, when the latter remain inert, the natural yellow hue of the creature continues unchanged. Hence it would appear that the colored corpuscles, like certain chemical substances, are not equally affected by all the rays of the spectrum, and that in the violet-blue rays alone resides the property of mechanically moving the chromoblasts and drawing them to the surface.

Similar action on contractile substances has already been noted as caused by heat and electricity; but that light should possess an exciting effect of this description is certainly remarkable.

M. Bert proposes to continue his researches to determine the influence of light on con-

tractile matters under other circumstances, and he especially hopes to discover the reason of the favorable influence of light on the skin of children and of lymphatic persons.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Professor Socrates Cadet favors us with a number of *brochures* on the prevention of epidemics, on the use of ethiop mineral, etc. He does not appear to obtain the recognition which we really think his labors merit at the hands of our European *confrêres*.

——The Oregon *Medical Journal*, vol. I, No. 1, commenced in June, at Salem, Oregon. The professors of Williamette University furnish the editorial staff.

——The treatment of amputations by the open method is well described by Dr. F. S. Dennis, in a reprint of twenty-four pages, from the New York *Medical Journal*.

——"A Plea for the Principles of Conservatism in the Treatment of Diseases Peculiar to Females," is a reprint from the Atlanta *Medical and Surgical Journal*, by Dr. W. A. Love. Greater simplicity and directness of style would have improved it much.

——A pamphlet of twenty-seven pages, by Dr. J. H. Pooley, of Columbus, Ohio, is entitled, "Gastrotomy and Gastrostomy." The former means opening the stomach, the latter opening it and establishing a permanent fistula, a sort of mouth (*stoma*), in its walls. He aims to collect all recorded cases, but adds none of his own to the list. It is a meritorious study.

——The "Specimen Fasciculus of a Catalogue of the National Medical Library," Washington, issued from the Surgeon General's office, is a most admirable *catalogue raisonnée* of that large collection, now counting about 80,000 titles. The credit of the work is largely due to Dr. J. S. Billings, Assistant Surgeon U. S. A.

BOOK NOTICES.

Medical and Surgical Memoirs. By Joseph Jones, M. D. Vol. I, pp. 800. New Orleans, 1876.

Whoever caters to our intellectual fancies must not beat around the bush. Laconics suit us the best. Admirable as may be the thought, they are, if voluminous, consigned, with uncut leaves, to a resting-place on some top shelf. This we fear will be the lot of the book before us. The work numbers eight hundred pages, of the finest type, and will cost months for exploration. To the brave seeker for truth, however, it is a fertile field. The work is, beyond all question, the most highly charged with "observations" and "investigations," of any of the kind extant. The researches are the labors of twenty years, and the cases are collated from the civil as well as the military hospital. That the author has been blessed with facilities in his course of study is apparent from the announcement that these diseases are all illustrated by eight hundred specimens, and that the physiological experiments exceed four hundred.

The first nine chapters are monographs on diseases of the nervous system, and, with the exception of Chapter I, which is a historical resumé of experiments on the nerve, are the most elaborate exegeses of traumatic tetanus and cerebro-spinal meningitis that grace our language. The observations on meningitis are sketches of it as it appeared among the Confederate soldiers. The relations of it to malarial fever are also expressed. The four sections on tetanus exhibit this lesion in all its degrees, and present the modes of action of every remedy trumpeted. The work on these chapters beggars a measure of its deserts; it alone will save the book from being sponged over.

Chapters X–XV, inclusive, are budgets of clinical comments on diseases of the lymphatic and circulatory systems. The essays on dropsy touch all the hypotheses and therapeutics that concern the malady.

Chapters XVI–XVIII, inclusive, are made up of camp-notes on the course of pneumonia in the Confederate army, 1861–65. The abortive treatment of the congestion by quinia seems to be sustained by the reports.

The remainder of the book is surrendered to seven theses on Mollities Ossium.

This hasty autopsy given to the publication opens up to us its literary excellences, and its resources of wealth to the medical scholar. It is our hope that its cyclopædic character will not deter the less daring student or the ordinary practitioner from an earnest examination of the volume.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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THE PREVENTION OF INFANTILE MORTALITY.

The exceedingly hot weather through which we have passed has resulted in an appalling mortality among children, and chiefly from cholera infantum. Even the secular press is calling attention to the importance of more effective measures to check this disease. The Washington *Star* justly observes that this is a preventable malady, and deserves the consideration of sanitarians, philanthropists and statesmen. Prevention is better than cure. What protective measures can be suggested and put into operation by cities that will arrest this cruel and unnecessary waste of infantile life? It is, we believe, a conceded fact that certain localities are almost free from this destroyer of infants. It has scarcely an existence or a name in Europe. The localities in the United States exempted from the severe forms of cholera infantum are the rural districts generally. But particularly are the elevated mountain regions of the old States exempt from it. On all the plateaus from the Hudson river to the southern extremity of the Apalachian chain, wherever the elevation rises above 2000 feet, this disease is almost unknown.

But as all children suffering from the summer complaint, or liable to take it, cannot be removed from their homes in cities, even where death is imminent, what is to be done? Much can be done by health officers, and by sanitary precautions, both public and private, to render the waste of infant life less, even in city homes, when proper efforts are made. Boards of health and enlightened sanitarians in most of our cities are working in this direction, yet it appears that the rate of mortality from this disease has, if we can rely upon the records, not notably decreased. What is hopeful in the outlook of the matter is, that attention is now being more forcibly directed to the subject every season, and measures looking at least to temporary relief, as excursions on rivers and bays and into the country, are being inaugurated; but these are so spasmodic, temporary and expensive, that they exhaust the means of the philanthropic without securing any permanent results. The infants have to return at night to sleep in their old superheated rooms. Some years since the *Star* was the channel for promulgating some views that certainly merit the attention of the philanthropist, relative to the establishment of free parks and camping grounds, where mothers and nurses could take children and find positive relief during the oppressive heat of summer.

The idea of sanitariums of this description, we should add, originated with Dr. Toner, whose enlightened studies on sanitary science entitles him to the gratitude of the public quite as much as his contributions to medical history assure him the esteem of the profession.

Children's free excursions have been liberally organized in this city, Boston and New York. We may give a brief description of one of these, which took place last week in this city, as an example of its kind:—

"Three trains, starting from the Reading

Railroad depot, between seven and half-past eight o'clock in the morning, conveyed to Fairmount Park about 1498 excursionists, of which 337 were infants in arms, 766 were children of older growth, and 395 were adults and the protectors of the little ones. Upon reaching the grounds the usual arrangements were made; the refreshment booths and the hospital tents were opened, and a musical band performed at brief intervals popular selections.

"The day was spent in a pleasant way, the children either playing in games or wandering at will over the grounds, and the mothers mostly reposing quietly in shady nooks. From the refreshment stands 1400 buttered buns and about the same number of sandwiches were distributed during the day, besides 240 pounds of gingerbread, 200 pounds of sponge cake, 520 cups of tea, 240 quarts of ice cream, and 220 quarts of milk.

"Drs. C. McClelland and S. H. Griffith, under whose care about 110 children were treated at the hospital tents, were at hand to render assistance, but happily they were called upon to attend no very serious cases.

"As a precaution against accidents, a light fence was constructed on the verge of the steep declivity, extending toward the railroad. An officer, with a detachment of Park Guards, was present, and lent useful assistance to the committee in charge."

This is the simple plan, easily carried out, and the amount of pleasure and health bestowed on the infants and their mothers can hardly be over-estimated.

Notes and Comments.

Therapeutical Notes.

PORRIGO DECALVANS.

In this disease, Dr. Lespian, of Paris, recommends the following formula:—

℞.	Tannic acid,	grs. xv	
	Tinct. iodin.,	ʒijss	
	Glycerine,	ʒv.	M.

Apply to the part twice daily.

FETID FEET.

A very obstinate case of this complaint, in a workman, is reported in the *Bull. de Ther.* by Dr. Ortega. In the manufactory in which he worked he was avoided by his fellow-workmen, and when he entered a room the window would be opened. He had consulted several physicians, but without success. The epidermis of the sole of the foot was white and macerated, and there were little ulcerations at the clefts of the toes and around the nails. M. Ortega advised him to apply compresses soaked with a solution of chloral, which had the effect of rapidly destroying the smell and curing the ulcerations.

HYDRASTIN CANADENSIS IN GLEET.

A cotemporary says:—

We have found the injection of hydrastin canadensis very efficacious in gleet, the following formula being used:—

℞.	Hydrastin canadensis,	ʒij	
	Liq. morphiæ mur.,	ʒij	
	Aquæ,		
	Mucilag. acaciæ,	āā ℥iss.	M.

The "Bran Bread" Question.

It seems we are doomed to eat in an uncertainty as to whether superfine flour is the cause of all our physical woes, as a well-known medical writer in New England maintains, or whether it is, after all, the true form in which to prepare wheat for food. On the latter side, Professor Voit says in a late lecture:—

"Men have made the greatest errors in being guided merely by chemical analysis, without experiment on the organism. For instance, it is commonly supposed that bread made of whole flour is much better than that made of well-sifted flour without bran, because whole flour contains more nitrogen and more ash. But every experiment on man and animals shows exactly the opposite, viz., that bread made of whole flour makes more fæces and is less utilized, not to mention that with whole flour more ash is taken than is wanted."

The Determination of Sex.

Professor Mayerhofer, of Vienna, considers that the man and woman are equally concerned in influencing the sex, each having a tendency to reproduce its own sex. If the male is young and strong, and not given to venereal excess, the probability is greater that a male child will be born; in the opposite case a female. Domestic animals (the cow), fertilized at the commencement of "heat," bear more females than males; the opposite is the case at the end of "heat."

Apparatus to Prevent Deaths from Burning Gas.

An ingenious device to detect the escape of illuminating gas in a chamber is mentioned in the *Scientific American*. Its operations depend on a physical law, not a chemical one, namely, that the lighter a gas is the more rapidly it diffuses through a porous membrane.

The apparatus consists of a pear-shaped vessel covered with a porous membrane or unglazed earthen plate. This vessel has attached to it a U-shaped tube filled with mercury. One pole of the battery dips into the mercury, the other terminates just above the surface of the mercury in the open end of the tube. If this apparatus is placed in a room where coal gas is escaping, the gas enters through the porous plate more rapidly than the air can escape; a certain pressure is produced, which causes the mercury to rise in the open leg and complete the circuit, thus giving the alarm. It is said that a comparatively small amount of gas in a room will set the apparatus in motion.

The Orange Tree.

The St. Michael orange has been known to bear in the Azores, in sheltered places, 20,000 fruits on one tree in a year. Neroli oil is obtained from the flowers of this and allied varieties. An infusion of the leaves of the orange, in the form of tea, is considered efficacious in fevers, and when amalgamated with the flowers, it acts as a stimulant, and is given as a tincture when its effects are required to be energetic. The seeds contain a fixed oil, of an amber color, which is highly valued for reducing swellings, and as an excellent oil for the hair. It may also be used for the table. From the flowers an odoriferous perfume is extracted, and they constitute an excellent stomachic.

Life and its Attributes.

This is the title of a work by the eminent Prof. Bouchut, of Paris, the second edition of which has recently appeared (*La vie et ses attributs dans leurs rapports avec la philosophie et la medecine*). The author denies that life is a property of matter, but considers it a special force, revealing itself by organic sensibility (*impressibilité*), corpuscular motion (*autocinesie*), and by the power of preserving and transmitting form (*promorphose*). It is because these three attributes exist in all organic beings, independent of any given organ or structure, that Prof. Bouchut considers himself justified in assuming them to be manifestations of a special force, the *vis vitalis* of older writers.

Action of Digitalis.

M. See, of Paris, believes that digitalis is a potent anaphrodisiac, and uses it for this purpose in preference to potassium bromide.

Professor Binz, in a recent lecture, says that its action upon the heart may be divided into four stages: 1. Increase of force of arterial circulation and frequency of pulse, due to direct irritation of cardiac muscle and vagus nerve; 2. If the dose be small there is next a brief return to the normal state; 3. If the dose be large, then the force of the arterial circulation declines, and the frequency of the pulse increases; 4. Pulse becomes irregular, fluttering, and then disappears.

Nerve-stretching in Tetanus.

Various surgeons have recently commended this proceeding. Dr. Verneuil has lately adopted the practice. He exposed the median nerve at the elbow, and the ulnar at the wrist, and stretched them, the patient recovering. Mr. Callender, of London, advocates the trial of this method. In view of the unsatisfactory results of the treatment of traumatic tetanus, there is full justification for the performance of the operation, as at least a last resource, although he thinks it ought to be done, as in Verneuil's case, as soon as the signs of the disease are distinctly recognized.

Treatment of Capillary Nævus.

Mr. Bradley states, in the *British Medical Journal*, that he was induced to try the effect of treating the ordinary capillary nævus, or mother's mark, by tattooing with carbolic acid. In the only case in which he has tried it the port wine stains disappeared in about three weeks. He recommends it for further trial.

Pathognomonic Symptom of Cerebro-spinal Meningitis.

Dr. Hayden, of Dublin, a competent authority, states that he never saw a case of cerebro-spinal meningitis unattended by pains in the calves of the legs, and he should make a presumptive diagnosis from the presence of that symptom alone.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter VIII.

AMERICAN PHARMACY IN THE MAIN BUILDING.

Centennial Exhibition, July 20th, 1876.

Ed. Med. and Surg. Reporter:—

In studying the pharmaceutical exhibits of the United States, my plan of procedure was the same as that pursued when medical chemistry was the department to be examined—starting from the north and south avenue, just south of the music stand, and journeying thence in a general easterly direction. Medical chemistry and pharmacy were, in fact, in many instances investigated conjointly, the displays illustrating these branches often occurring in the same cases, and the distinction between them being generally an arbitrary one.

One of the first exhibits upon which I came, was that of Mellor & Rittenhouse, of Philadelphia, P. 41, whose specialty is licorice. They have a neat display of roll licorice, and along with it also show fine specimens of the Spanish and Turkish licorice root. They were the first manufacturers of roll licorice in this country, for which, in 1874, they received the silver medal of the Franklin Institute. This exhibit is the only one of the kind in the American space.

Near by, W. F. Simes, of Philadelphia, has a display of camphor, the most interesting feature of which is the samples of "compressed camphor," which is claimed as a novelty. The camphor, after being sublimed by a new process, is compressed by a hundred ton hydraulic press, in small blocks, which the exhibitor states will last longer than the preparation in ordinary use. The article is certainly presented in a most compact and convenient form, a matter of considerable importance, especially when we consider its domestic uses.

Southeast of the handsome case of Rosengarten & Sons, is the highly creditable exhibit of Frederick Stearns, of Detroit, embracing elixirs, essences, alcohols, tinctures, syrups, troches, ointments, powders, pills, granules, granular effervescent salts, and—a prominent feature—fluid extracts. I observed, in passing, a hæmostatic preparation, called *gossypium medicatum*, which consists of dossils of cotton treated with perchloride of iron, and also a similar ear-ache dossil, known as *gossypium otalgicum*, which brought to mind the useful "styptic cotton," made by saturating jeweler's cotton with Monsel's solution, and recommended by Dr. T. G. Morton for the treatment of otorrhœa, in the *Medical Times* for October 2, 1875.

In a large and elegant case, just east of Pease's splendid collection of oils, is the exhibit of John Wyeth & Bro., of Philadelphia. Occupying a central position, and tastefully arranged as to colors, are tall jars, containing elixirs, wines, syrups, cod-liver oil, and other showy liquid preparations; while on each side, in good style, are exhibited papoma suppositories, and a multitude of compressed pills. These pills have attracted much attention from foreign visitors, and are perhaps the most noteworthy article of the display. They are flat in shape, free from coatings, and made by dry compression, using, of course, in many instances, an enormous power. They were first manufactured in England, in 1843, but they have been largely brought into use by Wyeth & Bro., and J. Dunton & Co., of this city. Compressed pills of the bisulphate of quinine are strongly recommended by the exhibitors, because of their greater solubility than the ordinary sulphate.

Bullock & Crenshaw, of Philadelphia, P 41, are attractively represented by a large collection of their well-known sugar-coated pills; and Twining & Schiedt, of the same city, T 41, have an imposing array in large jars of pills, powders, tinctures, elixirs, and fluid and solid extracts.

The magnificent display of William R. Warner & Co., of Philadelphia, covers a large space, near the centre of the exhibits in chemistry and pharmacy. It has been prepared and arranged with much taste, and without regard to expense, and is surmounted by a fine bronze figure of "Hygeia," the goddess of health, designed and modeled by A. M. J. Mueller, and cast by F. Starr, of Camden. "Hygeia" forms a portion of the trade-mark of the exhibitors. The sugar-coated pills, for which this enterprising firm are justly famous, are exhibited in immense quantities, comprising above two hundred kinds, and probably, from a rough calculation, numbering thirteen or fourteen millions in all. Granules, elixirs, fluid extracts, troches, licorice lozenges, and saccharated pepsin are also displayed in handsome style. I observed that some of their labels and printed explanations were in Spanish, the reason of this, probably, being that Warner & Co. have a large trade in South America, where the Spanish Pharmacopœia is still chiefly used. They have very recently obtained the prize medal at the Chilian World's Fair for their superior sugar-coated pills.

East of Warner & Co., the granular effervescent salts and gelatine-coated pills of Keasbey & Mattison court attention. These granular salts are beautiful-looking preparations, and of some of them I can speak favorably from experience. They include a large range of drugs, among them some of the rarer substances, such as the citrate, carbonate, and benzoate of lithium. Gelatine-coated pills are strong competitors for favor with the sugar-coated article.

McKesson & Robbins, of New York, have a general pharmaceutical collection, moderate in size but carefully selected, of gelatine-coated pills, solid and fluid extracts, solutions, barks, roots, leaves, flowers, juices, essences, etc.

John C. Baker & Co., of Philadelphia, ex-

hibit their well-known cod-liver oil. By way of contrast, they have placed in tall beakers specimens of cod-liver oil as used in Germany and England on its first introduction in 1766, and as prepared by the exhibitors in 1876; a contrast which is decidedly encouraging to the stomachs of the consumptives of to-day.

Robert Shoemaker & Co., of Philadelphia, have a modest exhibit of their always reliable goods, chiefly powders and fluid extracts.

Facing toward the central avenue, at P 43, Hance Bros. & White, of Philadelphia, have a large and tastefully-arranged display. I have already, in my letter on Medical Chemistry, noticed their specimen of monobromated camphor. Here are sugar-coated pills of fine finish and great uniformity of size; and, in large quantity, the solid and fluid extracts, and elixirs, for which they are celebrated. Other objects of interest are Hance's non-wasting percolating and filtering apparatus, Hance's conical plate drug mill, and Holmes' "American mustard leaves." These leaves, which are intended to take the place of the old poultice, and need only to be dipped into water to be ready for use, are a practical and convenient article.

The widely-known establishment of Dundas, Dick & Co., of New York, has a neat exhibit of capsules, one portion of which is so arranged as to show the different stages of their very thorough process of packing. The contents of the pyramids are scarcely better protected than are these capsules by their numerous envelopes of tinfoil, pasteboard, and paper. Oil of sandalwood, which is considered by many one of the best remedies for gonorrhœa, is a special feature.

Liquid rennet and prepared wheat food are the principal pharmaceutical attractions of Henry C. Blair's Sons, of Philadelphia, who also have in their case a small pill press, designed for the use of retail druggists in making compressed pills.

W. J. M. Gordon, of Cincinnati, has among his chemicals a good collection of sugar-coated pills; and E. Scheff, of Louisville, has a small but attractive exhibit of pepsin.

Large and beautiful discs of refined camphor are displayed, at P 49, by Kurlbaum & Co., of Philadelphia.

Although worthy of a more extended notice, I shall only have space to call brief attention to a number of creditable and interesting exhibits: to the Jamaica ginger of Frederick Brown; to the valuable cosmoline of E. F. Houghton & Co.; to the compressed pills of Jacob Dunton & Co.; to Doerr & Sloan's lacto-phosphate of lime, iron, and cod-liver oil; to McIlvaine Bros.' ground and powdered mineral and vegetable drugs; to the pure cod-liver oil of Marvin Bros. & Bartlett, and of A. W. Dodd & Co.; and to the castor oil of Robert B. Brown & Co.

In the extreme southeastern part of the space assigned to chemistry and pharmacy, at T 51, the Hagner Drug Milling Company, of Philadelphia, has a somewhat unique display, consisting of a large number of small jars containing samples to illustrate the various milling processes, such as powdering, grinding, dusting, bolting, chipping, bruising, levigating, granulating, flaking and crushing. Yours, C. K. M.

Importance of the Prone Position in Insolation.

Ed. Med. and Surg. Reporter:—

The following case illustrates an important point of practice:—

I was called last evening to see Mr. M., a carpenter. I found him lying on the bed in an almost comatose condition. The history of the case is as follows:—He came home at 10 o'clock in the morning, complaining of a sense of tightness across the chest, faintness and great thirst. He was put to bed, and in about an hour felt greatly relieved, so much so that he sat up. He had only been sitting up a few minutes, when his wife, who was in the next room, heard a heavy fall. She rushed in immediately, and found her husband lying on the floor in an insensible condition. I was immediately sent for, and on my arrival found him in an almost comatose condition. Pulse full and bounding; heart's action violent; face pallid; skin very hot; breathing with great difficulty. The conjunctiva was greatly congested. I employed the following treatment: Cold application to the head, in form of ice cap; ten grains of calomel immediately; also drew off his urine. I called the following day, and found him sitting up and doing well. Jas. McEvoy, M. D.

Treatment of Puerperal Eclampsia.

Ed. Med. and Surg. Reporter:—

I am very much pleased with the brief article of Dr. Scott, of Parkersburg, Va., upon this subject, in the 1st of July number of your journal, and very heartily endorse his treatment.

My experience teaches me that we have no more valuable agent in the treatment of this formidable complication of the lying-in chamber, and that we have no other remedy, or combination of remedies, with which we can as promptly protect the brain from injury, and prepare the case for the best influence of chloroform, and a speedy relaxation of the os.

I fear that many physicians fail to realize the best results from venesection, because of hesitation in using it promptly, and timidity in bleeding rapidly and largely.

I think one bleeding is amply sufficient in any case if properly performed, and judiciously supported by veratrum, chloroform, and other auxiliary treatment.

It is not enough that we know what our most efficient remedies are; we must also know how to use them in the very best possible manner, securing perfect co-operation and adaptation to the exigencies of the case in hand.

I have never regarded the condition of albuminuria as contra-indicating the use of the lancet; and I think the effects of blood-letting in scarlatinal anasarca is a sufficient answer to

the objections raised by some physicians in this class of cases.

The condition in question does not necessarily imply a state of anæmia or debility; and while my first object would be to protect the brain, I should bleed with the confident expectation of relieving the congestion of the kidneys, and quickening all the functions of secretion and elimination, thereby improving the condition and prospects of my patient.

WILLIAM FAULKNER, M. D.

Erie City, Pa.

NEWS AND MISCELLANY.

Gallia County (O.) Medical Society.

Meeting July 5th, 1876. Called to order with Dr. W. W. Miller in the chair. Lecture on anatomy by Dr. R. D. Jacobs. The Doctor spoke on this subject for over two hours, giving a thorough and comprehensive lecture. The following officers were elected for the ensuing year:—

President.—R. D. Jacobs.
First Vice-President.—R. A. Vance.
Second Vice-President.—J. B. Kerr.
Secretary.—W. C. H. Needham.
Corresponding Secretary.—W. W. Miller.
Treasurer.—W. S. Newton.
Censors.—W. B. Guthrie, Thos. Northup, John Sauur.

W. C. H. NEEDHAM, *Secretary.*

Cholera Ravages.

One of the most terrible outbreaks of cholera on record occurred this summer, in the village of Golwood, in Bombay. The population was more than two hundred, of whom more than half died in three days. The disease appeared at noon on June 4th, and before daybreak next morning there had been fifty-seven deaths. On the 8th all the survivors fled. The disease displayed extreme virulence, some cases proving fatal in twenty minutes. In these cases the ordinary cholera symptoms were absent, and the body at the first stroke of the disease became livid, convulsed and shrunken. Gross neglect of sanitary measures is the apparent cause, as it is stated that the people were living in inconceivable filth. Cholera appears to be unusually prevalent this year, outbreaks being reported from various parts of India.

A Sprained Stomach.

La France Médicale says a quack was notified by the authorities to quit practice, whereupon a prominent citizen appealed to the judge to reverse the sentence, inasmuch as this quack had cured him of a sprained stomach, a disease, the petitioner went on to say, wholly *unknown to the physicians of his neighborhood!*

Personal.

—Dr. George L. Beardsley, of Birmingham, Connecticut, will deliver a series of lectures the coming season, on the subject of temperance. Medical men are particularly fitted to present this subject properly.

—Dr Koberle, of Strasburg, is said to be a great ovariotomist. His first operation was done in 1862. He had never seen it performed. He has now reached two hundred and fifty cases. Of forty cases operated on in two years he only lost two, the thirty-eight having all recovered perfectly. He operates without any assistance except a sister of mercy! He uses no water, sponges, or disinfectants. The wound is cleansed only with balls of charpie.

—The woman who bore the largest litter was Dame Bourru Briffault, of Loches, France, who had *seven* living children at one couche. She died 1785, 88 years of age. The case is well authenticated.

—Madame Hagelle, of Paris, has given ten million francs to found a hospital for incurables at Paris.

MARRIAGES.

HUTCHINSON—WAINRIGHT.—On Tuesday, June 27, at the Emanuel (Episcopal) Church, by the Rev. Mr. Sturgiss, Dr. Franklin Hutchinson, of Evansville, Ind., and Miss Ruth C. Wainright, of Cincinnati, Ohio.

PRATT—SHARPLESS.—On June 21, at the house of the bride's father, Thos. J. Sharpless, Edgmont, Delaware county, by Rev. Mr. Dobbins, Dr. Trimble Pratt, of Media, and Miss Ruth Sharpless.

THOMPSON—DARNALL.—Tuesday morning, June 20, 1876, in the Presbyterian Church, Flemingsburg, Ky., by the Rev. James P. Hendrick, assisted by Rev. H. M. Scudder, Dr B. F. Thompson, of Clark County, Ky., and Miss Jennie Darnall, daughter of H. J. Darnall, Esq., of Flemingsburg, Ky.

WALBRIDGE—STEVENS.—In Brooklyn, on Wednesday, June 28, at the residence of the bride's parents, by Rev. A. J. Lyman, Dr. Joseph N. H. Walbridge, of New York, and Florence, daughter of Philander Stevens, Esq.

DEATHS.

LAWRENCE.—On the 29th of June, Samuel Sterry Lawrence, M. D., in the 72d year of his age.

LEWIS.—At his late residence, No. 47 Wayne st., Jersey City, on Wednesday, 5th inst., Dr. Edwin Lewis, in the 69th year of his age, son of the late Dr. John P. Lewis, of Eatonton, N. J., and son-in-law of the late Dr. Alexander Anderson.

OSBORN.—On Tuesday night, July 18, at the residence of his father, Dr. John Osborn, Frederic Samuel Osborn, M. D., in the 24th year of his age.

RIZER.—In this city, on the night of the 18th instant, Dr. Martin Rizer, late Surgeon of Volunteers, aged 46 years.

STEVENSON.—In this city, on the 4th instant, Dr Moses Stevenson, aged 34 years.

STONE.—Suddenly, in New York city, on Wednesday, June 7, 1876, Dr. John O. Stone.

TODD.—In Lebanon, N. J., July 11, 1876, John R. Todd, M. D., in the 36th year of his age.

WOODRUFF.—In New York city, on Sunday, July 9, after a brief illness, L. De Forest Woodruff, M. D., in the 39th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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Communications.

A FLUID OUNCE DOSE OF LAUDANUM, AND ITS TREATMENT.

BY GEO. B. H. SWAYZE, M. D.,

Of Philadelphia.

On the evening of March 4th, 1876, I was hastily summoned to see Miss ——. On arriving, I was told in few words that she had shortly before emptied an ounce vial of laudanum, and swallowed it all; that having recently accidentally broken off a decaying tooth, and having suffered with toothache during that afternoon, and desiring to attend the theatre in the evening, she had sent her little brother to a drug store to procure her fifteen cents' worth of laudanum to cure her toothache; that taking a portion into her mouth and holding it upon the painful part a minute or two, she allowed herself to swallow the narcotic, and by repeating the process soon transferred the entire contents of the vial into her stomach. I further learned that the act was one of inconsiderate tampering with a remedy of the real nature of which the patient had no definite knowledge, but having been "told that laudanum was good for toothache," she thought she would try it.

The patient being wholly unaccustomed to the use of opiates, the narcotic effects of the drug were prominently manifest at the time of my arrival. I found her, an interesting and handsome young woman, lying upon the sofa. She complained of an intensely violent headache, throbbing temples, complete lassitude, disordered vision and general sensation, pain in the region of the throat and articulations of the jaw when attempting to speak or swallow; her eyes had a wild, staring expression; there was dullness of comprehension, and loss of will power; her hands were cold, pulse frequent, feeble and irregular. She said everything around her looked "so queer," the faces of friends "seem so big," and that "everything is swimming round." Frequently pressing her hand to her forehead, she would exclaim, "Oh, my head! my head!" When I endeavored to question her in regard to the circumstances of her illness, she seemed unable to comprehend me, and begged to be permitted to "lie still and rest only a minute or two!" I was told she had vomited a small quantity of watery-looking fluid previous to my arrival, but her friends had not detected the odor of laudanum in it, although they attempted to do so.

Having possessed myself of all the bearings of the situation as rapidly as possible, that I might adopt some intelligent course of treatment, and efficiently aided by the anxious friends of the patient, I commenced the combat. Calling for some ground mustard, and warm water and a tumbler, they were promptly brought. While mixing a tumbler of mustard water, I directed that a quantity of very strong coffee be promptly made, and a teacupful brought me, with neither milk nor sugar in it. With considerable difficulty we succeeded in having the patient swallow the mustard water I had mixed. The stomach, being habitually unusually sensitive, effectively responded, and promptly evacuated the mustard water. Being unable to detect any odor of laudanum in the emesis, another

quantity of mustard water was administered, but with increased difficulty, as the stupor and indifference of the patient in regard to her situation were rapidly increasing. Again the stomach responded as before, but no laudanum. Finding the gravity of the symptoms augmenting, I concluded nothing special was to be gained by emesis. Nevertheless, once more I succeeded in having her swallow more mustard water, and again it was promptly thrown off. In the meantime the coffee had been brought in. While it cooled for a couple of minutes, I wrote this prescription and sent for the medicine:—

℞. Ext. belladon., grs.xv
Aq. menth. pip., fl.℥iv
Syr. aurant. cort., fl.℥iv. M.
Sig.—Teaspoonful.

By constant rubbing and disturbing of the patient, she was prevented from going to sleep, although she constantly begged to be let alone for only one minute. I next succeeded in having her swallow about half of the cup of black coffee. By this time, 7 P. M., the medicine (which I shall term "the antidote") arrived, and I immediately gave her a dose. The pulse was now 100, and irregular; hands yet cold; patient yet complained of terrible pain in the head; the pain in region of throat and articulations of jaw had increased; the desire to sleep seemed overwhelming, and she piteously appealed for *only just one minute's sleep*. Her request, of course, could not be granted. In fifteen minutes I repeated the dose of antidote, and also induced her to swallow more coffee. It appeared less difficult to have her take these than previously. Directing friction to be continued and sleep prevented, and a third dose of the belladonna given in twenty minutes, I was compelled to take a temporary leave of the patient. Returning at 8 o'clock, I found the tendency to stupor less oppressive, the hands warm, the frequency of pulse diminished to 86; other symptoms unchanged.

Finding her condition thus improved, I gave more coffee, but deferred administering another dose of belladonna until half-past eight. In the meantime she became brighter, occasionally entered into conversation with her attendants, jested cheerfully, and took some light nourishment; but yet often begged to be permitted to sleep "only three minutes." From this time it was not difficult to keep her awake, and our anxieties in regard to her situation vanished. At 11 o'clock P. M. I administered the next dose of belladonna, which was the last she required. Her vision was yet considerably disordered, and her head very uncomfortable; but feeling that danger was now entirely under our control, I instructed her attendants that in case the patient continued doing so well for a couple of hours longer, they might then permit her to occasionally doze for five minutes at a time, unless they experienced difficulty in arousing her; that they need administer no more antidote unless she appeared to grow worse; and that if she continued to do well until toward morning, they might permit her to sleep twenty or thirty minutes at a time.

I called next morning at half-past nine o'clock. Her friends had remained up with her until about 4 A. M., after which she was permitted comparatively continued rest. No more antidote had been administered. Found her much improved; pulse and skin natural; was bright and cheerful; tongue considerably furred; some swimming sensations yet in the head, and faces of friends yet appeared to her unnaturally large. I advised that a cathartic dose of sol. magnes. citrat., be administered at once; and prescribed ten-grain doses of potass. bromide every one or two hours until several doses were taken. Previous to taking the laudanum it had been arranged that this young woman should accompany a friend to New York next day. Finding her so well next morning, when I called as above stated, I consented that she might undertake the trip toward evening, which she did, comfortably and successfully.

Let us, in conclusion, notice a few "points" in this case. In consequence of deficient appetite, she had taken very little food on the day of her rash experiment. She took the narcotic upon an empty stomach. From the gradual manner in which it was introduced into the stomach, it is wholly probable a large proportion of the narcotic immediately reached the circulation by absorption, therefore neither stomach pump nor emetics could effect much benefit by evacuation, in itself considered. In such a case, depressing emetics would prove injurious instead of beneficial; while a stimulating emetic would rouse the energies of the system, even though it could accomplish nothing more. It is always important to procure emesis, if possible, by a stimulating emetic before commencing antidotal treatment; for by

so doing, the stomach is better fitted for promptly securing antidotal results from the remedies you may employ. In the case of the subject of this paper, the writer realized in a few minutes after the administration of the first dose of the belladonna that there was an amelioration of symptoms occurring, and the improvement after each dose was rapid and positive.

DISLOCATIONS OF THE HUMERUS AT THE SHOULDER JOINT

(SCAPULO-HUMERAL).

DUGAS' DIAGNOSTIC SIGNS. REPORT OF THREE CASES OF THE MEDIO-GLENOID, SUB-CLAVICULAR VARIETY, REDUCED BY A NEW METHOD AND PROCESS.

Read before the Texas State Medical Society, at Marshall, Texas, 1876,

BY GREENSVILLE DOWELL, M. D.,

Of Galveston, Texas.

Scapulo-humeral dislocations are divided by recent writers into two varieties.

1. In front of middle of glenoid cavity.
2. Behind the middle of glenoid cavity.

1
- I. Medio-glenoid.
  1. Extra-coracoid.
  2. Sub-coracoid.
  3. Intra-coracoid.
  4. Sub-clavicular.
- II. Sub-glenoid.
  1. Scapula.
  2. Costal.
- III. Super-glenoid.

2
1. Sub-acromion.
2. Sub-spinous.

Professor Gross divides them into three.

1. Axillary—into the axillary space.
2. Thoracic—on the chest.
3. Sub-spinous.

No doubt there are nine positions the head of the humerus can take in reference to the centre of the glenoid cavity.

ANTERIOR AND POSTERIOR.

Anterior.
1.—Outer side of coracoid process.
2.—Under coracoid process.
3.—Inside of coracoid process.
4.—Sub-clavicular.
5.—Costal—on the ribs.

Posterior.
1.—Sub-acromion—under acromion process
2.—Sub-spinous—under the spine of scapula.
3.—Sub-scapularis—under the edge of scapula.

The division into anterior and posterior is important in reference to the position of the elbow-joint. In the *anterior* varieties the elbow lies outside of a straight line drawn from the centre of the glenoid cavity to the anterior superior spine of the ilium; and *vice versa*, when the head is in the posterior position, the elbow is in front, or on that line.

Fig. 1 represents the arm in its natural position, with the hand resting over the right shoulder, with the elbow touching the chest.

Fig. 1.

According to Dugas, this position *cannot* be obtained voluntarily by the patient, or forcibly by the surgeon, in any of the dislocations at the scapulo-humeral articulation, provided the body is kept straight and the shoulders level.

Fig. 2 (marked 5) shows the head of the humerus between the two heads of the biceps muscle, and resting against the clavicle, and posterior and superior to the coracoid process, and above its coraco-clavicular ligament. The arm is thrown back and pressed to the ribs, being the *medio-gleno sub-clavicular position.*

This dislocation is very difficult to reduce by any of the usual means, such as heel in axilla, knee in axilla, extension by bandages around arm and under and in arm pit, or by manipulations as shown in most of our text-books.

I have seen four cases of this dislocation that

defied all the usual means, three of which were

Fig. 2.

reduced by the process shown in Fig. 3, (marked 6).

Fig. 3.

REPORT OF CASES.

Case 1.—An Irish sailor in City Hospital, Galveston, 1866; dislocation sub-clavicular extra-coracoid. I tried the heel in axilla, with powerful extension by assistants, until my foot became numb and I was forced to remove it. I then got the rolling pin out of the kitchen, and held this under the axilla while powerful extension was made; still failed.

Seeing the bone was held in its position by the two heads of the biceps, the pectoralis major, latissimus dorsi and teres major locking the head of the humerus between the coracoid process and clavicle and on the coraco-clavicular ligament, I proposed to elevate it from its fixed position by a *porter bottle*, which would roll, and not be so fixed as the rolling pin. I procured the bottle and placed it in the position seen in Fig. 3, holding it by the neck with the left hand, and with the right making extension backward, outward, and downward. By so doing I raised the head out of its imbedded position. Then the latissimus dorsi, pectoralis major, and teres major assisted me in pulling it in position, the bottle rolling to let the head come down.

Case 2.—While in Philadelphia, in 1872, I saw a case of this dislocation in Prof. G's clinic, and he tried all the usual means for its reduction and failed, but remarked, before he begun, that all surgeons had failed in some of the dislocations, and if he failed he would not feel ashamed, as Dr. L. had failed on one man at the hospital. Dr. P., of Illinois, was present, a stout, strong man. He tried to reduce it with two sheets, and also failed.

I remarked to Prof. G. that I had seen a similar case, and reduced it at last with a porter bottle in the axilla, after failing with all other means, which he reported to his class, remarking he was too much exhausted to try it, and I was so feeble I could not.

Case 3.—Emigrant, at Austin, Texas, January, 1873. Was called to see this case, by Drs. M. and L. of that city. They had tried all the usual means and had failed. I told them of the cases reported above, and that I would try the porter-bottle again if they would put patient under chloroform, which was done, and without the least trouble I reduced it, as described in case 1, February 3d.

Case 4.—White woman. Galveston, Texas, December 1875. I was called to see this case by Professor R., and Demonstrator S., of the Texas Medical College and Hospital. They had tried all the usual means under chlo-

roform, and had produced, on the hands and under the arms, abrasions, by the powerful extension they had made, but had failed. I made a clinic of this case, and reduced it in the presence of the class and Professors Rankin, Burrough and Dr. Sunburg, without the least trouble. Professor Burrough was a student at the time I reduced the first case, and assisted in its reduction.

All the other varieties of dislocation at the scapulo-humeral articulation are easy to reduce by any of the usual means, but I have found the latter better than the heel and knee holding it while assistants make extension and counter-extension.

Before closing this article, I wish to say more about Dugas' pathognomonic sign of dislocations of the shoulder, as some cases are very hard to diagnose, such as contusions of the deltoid, fractures in the neck of the humerus, and lacerations of the long head of the biceps. In all these cases the arm can be brought into the position as seen in Fig. 1. This is impossible in all dislocations, but can be done in all fractures and lacerations or contusions.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M. D.,
Assistant Physician of the New York State Inebriate Asylum, Binghamton, New York.

Only through a careful study of the causes can the treatment of inebriety be successful. Generally, in every case, we can trace both exciting and predisposing causes. Sometimes these are intimately blended, and date back to some psychical disturbance, not yet understood. The following is an illustrative case of many of this class:—

Case 1.—Inebriety from Obscure Psychical Disorder

H., a bookkeeper, thirty-two years of age, always a vigorous, strong man. Both his parents healthy and temperate. His grandfather on his mother's side was a moderate drinker. He was born in the country; brought up on a farm; had an academical education; went at the age of twenty-one into the lumber business; was employed keeping books and overlooking the yard. He was actively engaged for ten hours a day, and was very methodical in all his habits, eating and sleeping with great regularity, and perfectly temperate from principle and general dislike of the taste and effects of liquor. Never was sick or subject to depression, always buoyant and full of cheer. When twenty-five years of age, he was rendered unconscious by a stroke of lightning passing down a chimney near him. He recovered in a few moments, with no bad effects, except nervousness and trembling, which gradually wore away. Two months after, while working very intently, the sound of thunder and the approach of a storm brought on trembling and confusion of mind; this passed away with the storm, and was repeated in the next storm. He attributed this to fear, and sought company to break up this impression, with partial success. From this time, on every return of a thunder-storm, would be accompanied with similar trepidation, confusion, and depression of spirits. He would seek some friend's house and lie down; if forced to sit up, would become worse. At such times he could do no business, however pressing, but when the storm was over, regained full power, excepting a sense of weakness. A year later these periods of nervousness were more acute, and accompanied with great depression; not fear, but a sinking sensation, and dread of the future. He resisted them strongly, believing they were under his control, but with little effect. The third year these feelings appeared during the storms of fall and winter, particularly when the storm was long-continued, but were not so severe as in summer. Various remedies were used, but with no positive benefit. In the summer of the fourth year, after the first attack, while riding in the country, he was overtaken unexpectedly by a severe thunder-storm, from which he could get no shelter. The effects were so depressing that he was taken to a farm-house, where he remained two weeks, suffering from exhaustion. Returning to his business, he began to drink strong liquors with keen relish. The approach of a storm, after this, was preceded by intense cravings for liquor, which were indulged against his wishes. Beer would not satisfy him; only brandy, whisky and pure alcohol would answer. This paroxysm of drinking seemed governed by the duration of the storm, and when it was over he regained his power of resistance, and would remain sober until another storm began. Sometimes his friends would lock him up when these cravings came on, but he would be sick for a week or more after, suffering from general exhaustion. When allowed to drink, he would recover more rapidly. From this time until he came here, his life was one of furious drunkenness, with short periods

of rest. The eyes were suffused, the retinal vessels congested, vision cloudy, and incipient tremens had appeared two or three times. He gave up business two years ago, and made every effort to save himself, but without avail. On entering here, he was very much debilitated; now, two months later, he has regained his strength, and only suffers from depression, coming on at intervals. All craving for liquor has passed away.

Comments.—This case exhibits a combination of exciting and predisposing causes, as mysterious as they were powerful. How far the electrical condition of the atmosphere, or a previous predisposition inherited, or the evident psychical disturbance due to the shock from the electrical currents, influenced or produced inebriety; or whether inebriety was merely an explosion of mental disorder dating from the shock, which would have ended in insanity if this had not come on, are all questions that cannot be answered.

Many of the most incorrigible cases that come here are from families of wealth, where inebriety came from want of control and neglect of early training. From indiscriminate indulgence in every caprice and desire, the child grows up with no control of the appetites, and unsteady mental and physical powers. The passions and emotions are always preponderating in their influence, breaking up healthy restraint and prudent provision against mental disturbance. As a result, they are moved by the currents of feeling and passion, and are swept into all kinds of disorders, from which they have little or no power to extricate themselves. Like forest leaves, they are moved with every change. They come here with no respect for rules, or continuous effort, or the authority of superiors. All wholesome restraint is irksome, and all law or rules irritating, against which they constantly rebel. They cannot be trusted, and often lack sympathy and forbearance for others, and are insensible to obligations which make others happy. They are grumblers, finding fault, and filling the air with discontent; wanting to be cured, but unwilling to follow the course prescribed. These obstacles can seldom be overcome, and they go away from here to relapse again, and become persistent enemies of all asylums and methods of cure. Sooner or later they develop some form of mania, or have softening of the brain, and disappear. We have always a number of these patients, who are termed repeaters, because they have been here before, or, perhaps, to other institutions. We give an illustrative case:

Case 2.—Inebriety from Want of Early Training.

B., thirty-one years of age. The only son of wealthy parents, who were healthy and temperate, only drinking wine moderately at dinner. His early life was devoid of all training, his parents only seeking to gratify his every wish and desire. Every caprice was humored, and even his education was under his own dictation. Private tutors were one after another discharged, and after a very limited knowledge of the first rudiments, he gave it up and went traveling. When eighteen years of age, he began to drink wine steadily. If crossed or thwarted in his wishes, he drank to intoxication. Then he would require medical attendance. Two years later he had become an opium-taker and drunkard, drinking at irregular times, and taking opium after. He was sent to an inebriate asylum when twenty-four years of age, and from that time has gone from one asylum or hospital to another; in the meantime, when out, plunging into the deepest excesses, then going back. He has been fourteen times to these places for opium and drinking, and been round the world twice during these intervals; consulted with all the leading physicians, and been victimized by every noted quack; taken remedies of all grades and descriptions.

Comments.—This case is similar to many others, who were originally of good health, and with self-control might have been useful. They drift from place to place, staying long enough to become partially restored, and then relapse into all sorts of excesses; so alternating, incurable, and always difficult to manage. It is noted that the number of curable cases are increasing here yearly. This is due to the enlarged intelligence of friends and physicians of patients, who encourage a better class to come, and at an earlier date of the disorder. These cases are among business and professional men, and come in full sympathy, and willing to aid the physician in any and every effort. The following is a typical case:—

Case 3.—Inebriety from Irregularities of Living.

H., a strong, healthy man, and seaman by occupation. Both parents healthy and temperate, living on a farm. When fifteen years old he went to sea, and finally became an officer on

the ship; then he was raised to captain on a lake steamer. He lived a regular life, liquor was nauseating, and he prided himself on the great care of his health and superior strength. Five years ago, when thirty-four years of age, he became part owner and captain of a large passenger steamer plying between two cities at night. Being very popular, his boat was crowded, and he made money very fast; this stimulated him to be up late at night and early in the morning, taking rest through the day. The second season he began to drink liquor with relish, when he got up in the morning. He was aware of the danger, but could not resist these desires, particularly after much night work. A year later he drank to intoxication frequently, and could not help himself. Various means and remedies were tried, but all failed. At length he left his place and drank steadily, using beer for a time, hoping to break up this craving, but always resorting to brandy after a few days. For a year he gave way to violent excess, at times; then came here. Liquor was never pleasant to him, and the first glass had to be highly flavored to be tolerated by the stomach; after that all discrimination ceased.

Comments.—This was a case of inebriety that sprang directly from irregularities of work, and want of sleep at proper times. The same irregularities in different surroundings, and debility following, might run into some other disorder. Removal of the exciting cause, and restoration of regular habits of living, are followed by a rapid decline in these cravings for liquor, and finally a complete cure.

Many cases of this class simply need the quiet and wholesome restraint of asylum life; nature will do all the rest. Others need, in addition, tonics and special dietetic measures, with the prompt recognition and treatment of particular conditions that arise. Where the patient acts in full sympathy with the physician, the paroxysms of periodical cases may be anticipated and avoided; but where this is not done, a close study and watch of the case for a long time is necessary to successful treatment. The following represents a large class of cases that go away restored, and seldom relapse in after-life:—

Case 4.—Inebriety from Dyspepsia.

Q., a musician; born of healthy, temperate parents; brought up on a farm; was healthy and robust until twenty years of age. Began his musical studies, and boarded at a large hotel. The food was rich and abundant, and he ate very heartily, taking little or no exercise. One year of close application to study brought on dyspepsia, manifested chiefly in headache and stomach pains. His appetite became capricious, and his bowels constipated. He continued his studies at a water-cure for nearly a year, and was benefited. At times, during the next two years, the dyspepsia returned, but was never serious, or long-continued. Then he became leader of a large musical enterprise, to which he gave very close attention, neglecting proper exercise. The dyspepsia returned with more severity, and active treatment was continued for the next two years, resulting in only partial relief. Then, in disgust, he began to treat himself, using the patent bitters with success. He was strong, and apparently well, except this difficulty, with no taste for liquor, and temperate from principle. After a time, he found that whisky, in the morning, relieved him from all bad symptoms. This became a favorite medicine. The dyspepsia disappeared, and cravings for liquor came on, which, if not gratified, would be followed by stomach pains and depression, unfitting him for business. From this time on his fall was rapid, going from grade to grade, drinking steadily, sometimes to intoxication lasting for weeks, and then a short period of abstinence, followed by the same course. When brought here, he was on the verge of tremens, had delusions, was unable to eat, could not walk alone, suffered from severe headache, and was very much prostrated. After two months the desire for stimulants had gone, the dyspepsia had ceased from troubling him and his general health had very much improved. He is under treatment yet.

Comments.—In this case dyspepsia was clearly the starting-point of the disorder, perverting and breaking up normal nutritive action. Inebriety is found to follow, as a sequence, most frequently, all dietetic disorders, and to be practically most amenable to treatment when from this cause. The intimate connection between the mind and the nutritive functions manifests itself very often in disordered tastes and cerebral disturbance, together or separately, requiring close discrimination to ascertain the first cause. Cases beginning in neglect, indigestion, dyspepsia, then drunkenness, hypochondria and death, are very common in every community. Under proper

treatment at asylums, a very large percentage can be thoroughly cured. Inebriety is a self-limited disease; remove the exciting causes, and it terminates speedily. A condition remains predisposing to a return of the disorder under similar exciting causes. The mysterious manner in which these causes affect the system through the senses has many strange illustrations here. A patient was thrown into paroxysms of drunkenness or drinking by hearing water or other fluid poured from one glass to another. Another always drinks after smelling the full odor of liquor; if he passes a saloon or liquor store, he is obliged to cover his face. Another feels the cravings after hearing stories of drinking. A third will stop short on sight of a drunken man, and has no desire whatever; but let the drunken man go out, and these cravings return. One man becomes sober at once if highly incensed or angry. This has been used as a means to restore him many times. One man drinks hard in severe, cold weather, and is sober through the summer; another drinks in the summer and abstains in the winter, etc.

A CASE OF HYDROPHOBIA.

BY W. E. ANTHONY, M. D.,
Of Providence, R. I.

I was asked to see, in consultation with Dr. Hunt, of East Providence, a case in his town, but upon my arrival at the house I found that the patient had been dead about two hours. The history of the case as given me by Dr. H., and gleaned from the family, is as follows:—

Emma Sherman, aged fourteen years, of previously healthy condition, was taken sick on Friday, June, 23d, 1876. She first complained of unconsciousness, headache, and a slight chilly sensation. Upon her attempting to take a drink of water she was seized with a violent spasm of the throat, which prevented her swallowing. From this time she had a great aversion to any liquid, and the sight of water would throw her into spasms, and the attempt to force any medicine of a liquid nature was followed by severe spasms of the throat and convulsive tremors, with a suffocating cough, which rendered it absolutely impossible for her to swallow any fluid. There was a constant thirst, and with it an increased secretion of saliva, of a stringy character, which she was constantly endeavoring to expel. There was also extreme nervous irritability, a draught of air causing her great distress. The sudden closing of a door or the sight of any new face would occasion extreme nervous paroxysms, almost amounting to convulsions.

The paroxysms occurred with increasing violence during Saturday and Sunday, the second and third day. During her quiet intervals the intellect was unimpaired, and she was able to take nourishment in a solid form; in fact, the last words she spoke, a few minutes before a convulsion occurred which ended her life, was to ask for some cookies.

On Monday, A. M., the paroxysms were very violent, until about half an hour before death, when she became quiet and asked for something to eat. But, suddenly, without any premonition, a violent paroxysm occurred, and she died from suffocation.

The mother of the child had been bitten by a rabid dog about three weeks previous to the time the daughter was taken sick. The daughter took the dog away at the time, and tied him up in another part of the house. She was not able to state with positiveness whether the dog had bitten her or not. He had snapped at her while she was securing him, and might have done so. There were two wounds, one upon her foot, and one upon the leg, which she thought might have been caused by a bite from the animal. The dog was frothing at the mouth, and she got some of the saliva upon her person and clothing, she being barefooted at the time.

A post-mortem examination, made five hours after death, showed rigor mortis strongly marked. A careful examination of the brain, throat, heart, lungs, and other organs failed to discover any deviation from a healthy condition.

The case was one of unmistakable hydrophobia, developed within twenty-one days from the time of exposure, and running its course to a fatal termination within four days from the time of invasion.

In the St. Petersburg *Medical Zeitung*, Dr. F. Herrmann gives the statistics of hydrophobia in that city from 1863–74 inclusive. There were 1274 persons bitten by mad dogs. Of these dogs 198 had true hydrophobia, 103 were suspected of hydrophobic symptoms. Only 25 of those bitten suffered from lyssa. The average period of incubation was five or six weeks, the maximum period 135 days. Post-mortems gave no constant result, and were generally negative. Treatment was without results.

Medical Societies.

COLLEGE OF PHYSICIANS AND SURGEONS, PHILADELPHIA.

At a meeting on May 3, a number of cases were read illustrating

Local Injuries of Nerves and their Trophic Consequences,

with comments, by S. Weir Mitchell, M. D.

He said:—The present state of uncertainty as to the existence of trophic nerves makes unusually interesting every example of lesions giving rise to altered nutritive states. On this account chiefly the following cases may prove of use. They have also a novel value, owing to the fact that, in several of them, careful maps have been made of the loss of sensation.

The first case related was one of almost unique rarity.

James Graham, a night watchman, was wounded by the accidental discharge of a pistol, on the night of January 29, 1871, the ball entering the anterior part of the arm, passing obliquely downward and backward through the belly of the biceps flexor muscle, and making its exit on the posterior aspect of the limb, about one and a half inches nearer the distal extremity of the limb than the point at which it entered.

Profuse hemorrhage followed the reception of the wound, but was controlled by the application of a compress and bandage, and no unusual features were observed, at that time, by the surgeon in attendance. The patient seemed to be doing well until February 9, when secondary hemorrhage occurred. This was again controlled by a compress until the 12th, when a recurrence of bleeding took place. A compress was again applied, followed by another hemorrhage on the following day. Recourse was now had to acupressure, by which means the hemorrhage was restrained during the next eight days, but about twenty-four hours after removing the needle bleeding again occurred.

An incision was now made at the point of entrance of the ball, and a false aneurism, of the size of a hen's egg was found, having its origin in a small opening on the posterior aspect of the brachial artery, and communicating with the wound. This was emptied, and ligatures were placed upon the vessel, both above and below the opening. The wounds of entrance and exit seemed to indicate that the missile in its course through the arm must have grazed the humerus, but no denuded nor detached portions of bone were observed at the time of the operation.

Slight numbness of the forearm and hand was noticed soon after the reception of the injury, and steadily increased as the cure progressed. The pain also, at the seat of injury, which at first did not seem excessive, steadily increased in severity, and at length became exceedingly intense.

The hygienic conditions of the patient's apartments were of the most unfavorable kind. This, coupled with the large and repeated losses of blood, doubtless disposed the case to an unfavorable termination. Suppurative inflammation invaded the entire limb. Several abscesses formed about the elbow and in the forearm, and excessive suppuration took place about the incisions made for the purpose of applying the ligatures; no further hemorrhage occurred, but the patient's condition gradually became worse; symptoms of pyæmia supervened; and death took place on March 19th, forty-nine days after the reception of the wound.

At the post-mortem examination, made on the following day, the tissues of the arm were found greatly infiltrated with pus. Closure of the ligated ends of the artery had taken place. No connection between the severed ends of the brachial artery could be discovered, and the circulation through the limb seemed to have been very imperfectly and inadequately carried on.

The surface of the humerus was found to be denuded of its periosteum for an inch or more in extent, at a point corresponding to the line of the wound, and a portion of the bone had evidently been detached. No appearances of repair could be seen. Had the patient lived somewhat longer, necrosis of a considerable portion of the bone would evidently have occurred.

A longitudinal portion of the bone was found attached to the sheath of the median nerve, at a point in close proximity to the seat of the original wound.

One end of the mass, about one-third of an inch in length, was removed in making a section for microscopic study, and was not preserved.

An examination of the specimen shows its firm attachment to the nerve-sheath, and a microscopic section gives evidence that this fragment of bone was in progess of growth. At least the comparative sizes of the canaliculi (those near the surface being larger than those near the central portion) would seem to warrant such a conclusion.

This case seems to me unusual and interesting. Verneuil reports a case of a fragment of periosteum carried away by a ball and lodging on a nerve, where it developed bone.

Dr. Mitchell, in his work on "Injuries of the Nerves," reported a case of wound of the left infra-maxillary branch of the fifth nerve from a splinter of bone broken away from the right side of the lower maxilla, and carried across the mouth by the ball.

A number of analogous cases were added. Two of them well illustrated the extreme difficulty of explaining the pathogenesis of tissue change from nerve lesions. We may have, from injuries seemingly alike, joint diseases, or glossy skin, or herpetic eruptions, or circumscribed blisters, or deep ulcers, or altered nails, œdema, atrophy, or hypertrophy. The circumstances which regulate the production of these several pathological states are as yet unknown to us. At present we can only confess our ignorance.

At a meeting June 7th, a paper on

Hysterical Affections of the Eye

was presented by George C. Harlan, M. D., surgeon to Wills Hospital. He said:—

Though the term "hysterical" is a vague and indefinite one, which most of us would rather not be called upon to accurately define, still it has a conventional meaning, and, by common consent, is made to include a large class of cases in which there may be decided or even alarming symptoms without real disease. The expression is used here in its broadest sense, as it is not my intention to undertake a discussion of psychological pathology, but merely to call attention to a class of eye symptoms which I believe are not sufficiently dwelt upon in the text-books, and which I feel sure are very often misinterpreted in practice. I have more than once met with interesting, but rather mysterious, cases which had been reported in good faith by experienced surgeons, but which seemed to me to be clearly of this character; and, without doubt, a large proportion, if not all, of the magical cures of blindness by galvanism, that we occasionally hear of, may be referred to this class of cases.

The hysterical affections of the eye that have come under my notice have appeared to me to include three kinds of patients.

I. Those who are the subjects of a kind of moral insanity, or, at any rate, of an insane perversity; who deliberately simulate a disease for months or years; who, in short, may be called hysterical malingerers; and who, to be cured, need only to be exposed.

II. Those who really believe themselves to be affected as they profess to be, and are honestly anxious to be cured; who are subjects of hysterical paralysis; and whom it would, perhaps, be unjust to accuse of acting a part.

III. Those who are subject to irregular nervous action, to paralysis or spasm without assignable cause, but in whom there is no question of mental or moral complication.

Almost any derangement of vision may be counterfeited. A little girl of eight years complained that every object that she looked at seemed covered with diagonal white lines, the direction of which she indicated with her finger. As the ophthalmoscope revealed a normal fundus, a favorable prognosis was given. This was made more positive the next day, when the white lines changed to blue, and was justified by the early disappearance of the difficulty.

In the second class of cases we have more or less retinal anæsthesia, with anomalous and variable symptoms, changing, perhaps, at each examination.

In the third class of cases the parts affected have been the retina, the muscle of accommodation, the external muscles of the eyeball, and the elevator of the upper eyelid.

It is not very uncommon to meet with patients who have apparently perfect eyes and full acuity of vision, but who say that the test letters become blurred and unrecognizable after they have looked at them for a few seconds. That this is due to an exhaustion of the sensibility of the retina, which disables it from the sustained performance of its function, and not to an irregular action of the accommodation, is shown by the fact that it persists when the eye is fully under the effects of atropia.

A partial failure of the accommodation may occur in nervous persons, either alone or in connection with other symptoms. Very satisfactory results may sometimes be obtained from the use of weak convex glasses, in the case of ladies who are quite young and entirely emmetropic. Exception may be taken to including the opposite condition of accommodative spasm among hysterical affections, because it usually occurs in connection with some error of refraction. In a very large proportion of cases, however, the subjects are delicate women, and the error of refraction is a very slight departure from the normal standard, such as would not be felt by a person of fair average strength and nervous equilibrium. In other words, it is only the exciting cause, a strong predisposition existing in the temperament of the individual. These cases are of quite frequent occurrence in ophthalmic practice.

Irregularity in the action of the external muscles of the eyeball, particularly insufficiency of the internal recti in convergence, is not uncommon in patients of this class, and frequently complicates their other ailments. A young married lady, a painfully hysterical subject, could scarcely use her eyes at all, though they were perfectly healthy and emmetropic, and the acuteness of vision was normal. The external muscles seemed, as it were, to have dissolved partnership, and each to act on its own account when she attempted to converge. Their irregular and variable action made anything like an accurate measurement of their force impossible.

The following is one of several cases in which there was occasional double vision from spasmodic action of one of the external muscles.

Miss M., a little below par in general health, and of extremely nervous temperament, complained that frequently, without warning and without special exciting cause, as at the dinner table or at the opera, everything suddenly appeared double, and at the same time it was evident to her that she had lost control of the movements of one eye, which felt as if forcibly turned to one side. On closing the lids and pressing the ball for an instant, the symptoms would disappear. The acuteness of vision was normal, the balance of the external muscles for distant sight correct, and refraction nearly emmetropic. The correction of a hypermetropia of $\frac{1}{48}$ did not prevent the recurrence of the annoyance.

There is one more affection to which I wish to call attention; it is of especial interest, because, though in this class of cases of little moment, it may be, in others, a symptom of

very grave lesions. I refer to a temporary paresis of the elevator of the upper lid.

There is a great difficulty, sometimes an impossibility, of opening the eyes when rousing from sleep. Some patients are able to raise the lid naturally after several vigorous efforts of the will, while others are obliged to raise it with the fingers, and to rub or bathe it before acquiring control over its action.

This occurs always on awakening, whether in the morning, during the night, or after a nap in the daytime, and is naturally the occasion of much uneasiness. I have notes of four such cases, occurring in delicate ladies, and evidently of a hysterical character.

Two recovered entirely, though not very quickly, under the use of tonics; a third lived at a distance, and I saw her only once; and the fourth is still under treatment. In the last, the affection is of long standing, and is peculiar in the fact that for many months it was confined to one eye.

The patient, about eighteen months ago, had difficulty in opening the left eye on awakening, the trouble lasting, at that time, for a few weeks only. About a year ago it commenced again in the same eye, has persisted since, and during the last few months has involved the right eye also, though to a less degree. Always when tired or weaker than usual she has the annoyance to a much greater extent; at times she is almost free from it. Her health is very feeble, she has had attacks of ague, etc., and is subject to functional palpitation of the heart and nervous prostration. There have never been any brain symptoms.

The only example of this affection that I have seen in the case of a man, rather confirms the view of its hysterical character.

Two Cases of Gunshot Wounds of the Thoracic and Abdominal Cavities

Were reported by William S. Forbes, M. D., Senior Surgeon to the Episcopal Hospital. After describing them, he added the following practical suggestions on the treatment of such injuries:—

The treatment of these injuries in these two cases was simple and efficacious. Rest, and this rest enforced and maintained by opium and by diet, was the entire treatment.

The practice of probing gunshot wounds of the great cavities of the body for missiles, or, indeed, for any purpose whatsoever, is entirely at variance with this principle of rest, and in my opinion is as pernicious as possible. Several cases have of late attracted public attention, in which this practice has been pursued, and in which, a fatal termination having followed, it has been brought to light during trials for homicide in our courts; notably the case of Fiske, who was shot in his abdomen by Stokes, in New York.

It is not difficult to trace this practice to its source. It in part arises from the desire of the surgeon to remove the foreign body, which he believes will give rise to a greater trouble by remaining, than any effort on his part to remove it can accomplish. An error in judgment. The patient, too, believing himself in more peril while the ball is in him than any search for it could make, is anxious.

Thus, to carry out his own judgment, to satisfy his patient, and to accomplish so desirable a triumph in the presence of anxious friends, and perhaps to have his name published to an admiring world, the surgeon is tempted to search—perhaps with only a finger, "the best of all probes"—and thus to perform an act which, more than probable, he will have ample time to repent.

Some authors, too, of weight, from a loose if not an ambiguous way of expressing themselves on this point, give a *quasi* approbation to this practice of probing gunshot wounds of the cavities, when the missile remains. The accomplished Hennen, usually so exact and perspicuous, is on this point at fault. In the second edition of his Military Surgery, in the 19th chapter, the one on gunshot wounds of the abdomen, at page 401, he thus expresses himself: "The search for extraneous bodies, unless superficially situated, is altogether out of the question, except they can be felt by a probe." He adds, "as in Ravaton's case" (Chir. d'Armée, p. 241). And Cooper, in his Dictionary of Surgery, repeats the expression as the highest authority. And of late other surgeons have followed in the beaten tract. The phrase "except they" (the extraneous bodies) "can be felt by the probe," implies that the probe may be used; nay more, that it must be used.

Mr. Longmore, in his excellent article on gunshot wounds, in Holmes' System of Surgery, speaking of penetrating wounds of the abdomen, says: "The ratio of recoveries after these wounds in both the French and English armies in the Crimea was very small. Out of 124 penetrating wounds of the abdomen in the English army, 115, or 92.7 per cent., died; out of 121 in the French army, 111, or 91.7 per cent., died."

In our own war, Dr. Otis (Medical and Surgical History, Part II, Vol. 2, Surgical History, p. 202) tabulates 3717 cases, of which 3031, or over 81 per cent., terminated fatally.

Mr. Longmore also states that "recoveries after penetrating wounds of the small intestines by gunshot are very rare;" he says "if the liver be wounded, death usually results from primary hemorrhage, or from inflammation consequent upon extravasation into the peritoneum. In a few instances patients have recovered after gunshot wounds involving this viscus. About twelve instances altogether have been published by Guthrie, Hennen, Cooper, and others who were engaged in military practice during the Peninsular campaigns. Only one case is known to have survived from the Crimean war."

The record of our late war, however (Otis, op. cit., p. 148), "supplies thirty-two examples not to be excluded, by the most rigorous analysis, from the category of recoveries from shot wounds of the liver."

Editorial Department.

Periscope.

Liquor Potassæ in Chlorosis.

In the *Canada Medical Record*, Professor A. P. Reid gives this case:—

A. B., aged twenty-four, came under charge at the Provincial and City Hospital, with the following history:—Had been admitted about two months previously, under one of my colleagues, complaining of nervous debility; there was amenorrhœa, and the ordinary symptoms of chlorosis. The recognized means of relief had been judiciously used, but without any benefit; in fact, the house-surgeon said she was worse than on entering.

Examination showed that there was no recognizable disease of the heart, lungs, kidneys, stomach, or liver, but amenorrhœa strongly pronounced, anæmia and impoverished blood, venous hum and anæmic cardiac murmur, and general anasarca, which simulated the last stage of Bright's disease, with inability to even sit up in bed.

I concluded that the best tonic or alterative would be liquor potassæ, as it excels all other diuretics in the amount of solids carried away by the kidneys. Its use was contra-indicated from its known effect of producing debility and a watery state of the blood when long continued, and as well of impairing digestion. Evidently, however, the patient would not hold out unless relieved speedily, and the liquor potassæ was given a trial—ten-minim doses in mucilage three times a day.

In the course of two days the very swollen condition of the legs was a little ameliorated (no bandaging being used), and the appetite was, if anything, better.

This improvement continued, and in the course of two weeks she was able to sit up, the anasarca having quite disappeared. The cardiac murmur was lessened, and the pasty color of the skin was a little relieved.

In three weeks' time the liquor potassæ was discontinued; she had become very well, and was able to leave the hospital in five weeks quite restored, milk and nourishing diet, with, liquor potassæ, being the only means used.

Since then I have frequently resorted to this drug in anæmic amenorrhœa, and, with few exceptions, with very great satisfaction, and in no case have I seen it productive of injury.

In considering the course of chlorosis, we first have retention of the masses of an excrementitious blood, which debilitates, if it do not poison, the assimilating properties of the tissues; and if this be the fact, an agent which would stimulate and assist excretion should be the most efficient medicine. Such we have in liquor potassæ, and to this I attribute its curative power. The blood poisoning being removed, the assimilative powers rapidly recuperate, without the necessity for special tonics.

During my last three months' duty at the hospital, every case (six in number) of uncomplicated chlorosis was placed on liquor potassæ, and all got well rapidly, without other medication, unless a laxative when necessary.

Syphilitic Phthisis.

The subjoined case, reported in the *British Medical Journal* by Dr. C. DeG. Griffith, has points of general interest. He remarks:—

I must differ from M. Fournier in his diagnostics of the syphilitic forms of phthisis which he enumerates—viz., lesion unilateral, circumscribed, without predilection for summits of the lungs; slow development of the pulmonary lesion, while the general condition remains good; no hereditary transmission (of syphilitic phthisis). As the case I append will illustrate my reasons for differing from most of M. Fournier's diagnostics, I will now merely say that I believe very many of the fatal pulmonary affections of childhood, accompanied with alteration of lung-tissue, are due to transmitted syphilis.

Colonel B. came under my observation some years ago, and having had the candor at once to tell me he had contracted syphilis in India, I immediately put him on specific treatment, with the effect of removing his then present symptoms—syphilitic skin affections. From time to time he would fall into a state of ill health, accompanied with syphilitic manifestations. Though I could find no family history of phthisis, I feared he would fall a victim to it, and advised him never to allow himself to be put under a course of mercurial treatment. He was ordered away from London, and had to undergo some hard service with his regiment. The old enemy appeared, and made upon him a vigorous onslaught. He was put upon calomel vapor-bath treatment. The syphilitic skin and bone affections were combated, but he was terribly reduced; and pectoral symptoms showing themselves, he remembered my warning, and becoming alarmed, he obtained leave and came to London. Phthisical symptoms were quite evident—the cough, the altered voice, the cachexia, the diffuse bronchitic or bronchopneumonic *râles*, etc. Percussion revealed general dullness over both lungs, with, it is true, here and there a circumscribed patch, in a condition which I attributed to pulmonary apoplexy, such as occurs in ordinary tubercular phthisis, and not dependent on any syphilitic peculiarity. The apices of both lungs were implicated; and there was nothing in the case which would point to the true nature of the dis-

ease, save the history and the effect of former and present measures for cure. The treatment now was essentially specific; and such great improvement was made, that he was soon able to visit Cairo and winter in Egypt, which quite set him up—a plan he adopted for a few years, so that now he is strong enough to reside in England during the winter months.

He was, at the time of his first attack of syphilitic phthisis, about forty-five or forty-six years old. This patient was particularly sensitive to potassium iodide, which in small doses quickly produced iodism, while larger doses had the effect of maddening him, and producing intense exhaustion. As soon, therefore, as the potassium iodide began to disagree, I alternated it with acid nitric, which used to act most beneficially, and materially help to eliminate the syphilitic ferment; then, when the acid began to produce profuse perspiration, return was made to the other drug.

The Chemistry of Salicylic Acid.

Professor Binz says, in a recent number of the *Practitioner*:—

This agent is destined to occupy no transitory place in the long list of medicines. Known long ago as one of the component parts of the essential oil of the American *Gaultheria procumbens*, of our *Spiræa ulmaria* and *Monotropa hypopitys*, which oils contain it in the form of salicylic methyl-ether, it was formerly prepared from salicine, the bitter principle of the willow, from whence its name is derived. Salicine is decomposed by saliva, or by boiling with diluted acids into saligenin and sugar, and saligenin wants only one atom of oxygen more to become salicine. Subsequently it was successfully produced from carbolic acid. This well-known product of coal-tar has a very close relationship to salicylic acid, as the addition of one equivalent of carbonic acid to the formula of carbolic acid gives that of salicylic, as shown in the following diagram:—

$$\underset{\text{(Carbol.)}}{C_6H_6O} + CO_2 = \underset{\text{(Salicyl.)}}{C_7H_6O_3}$$

The process, however, by which this transformation was effected continued to be rather expensive until a few years ago, when Professor Kolbe, of Leipzig, instituted a new and inexpensive process for the purpose, which is essentially as follows: He heats carbolic acid and hydrate of sodium together in a receptacle so contrived that a stream of carbonic acid is made to pass through the mixture, thus inducing the desired union of elements. The product so formed is the salicylate of soda, from which salicylic acid can be easily set free by any stronger mineral acid.

The salicylic acid of commerce is a yellowish-white powder, having somewhat the odor of carbolic acid. In order to obtain it quite pure, it is necessary to heat the crude acid in a porcelain vessel covered over with filter-paper. The pure acid sublimes and attaches itself in the form of fine colorless needles upon the paper. One needs to apply the heat very cautiously, however, since salicylic acid is decomposed at a higher temperature back into carbolic and carbonic acids.

The pure acid thus prepared has no odor, is of a sweetish taste, dissolves in about 300 parts of water, very readily in alcohol, ether, and chloroform, but most readily in water containing an alkali in solution; with the alkalies presented in this manner it forms neutral salts.

Abdominal Section for Intussusception.

The English journals have recently contained several papers on this procedure. The points which were urged by the authors were mainly these:—

1. The operation should be undertaken, if all other means fail, in acute cases of not more than twelve or eighteen hours' duration, and in chronic cases in which there had been no symptoms of inflammation or strangulation of the intestine (Howard Marsh).

2. It is of great importance not to delay the operation until hemorrhage occurs. The significance of the symptom has been misunderstood. It has been supposed by some to indicate the commencement of the processes which lead to the sloughing and detachment of the invaginated part of the bowel. This is a mistake; but hemorrhage is often evidence of extreme congestion and swelling of the part—a condition which might be fatal in itself, or render the operation a failure by making it impossible to reduce the intussusception when the cavity is opened (Hilton Fagge and Henry Howse).

3. It is probable that it will be found much easier to effect reduction by drawing the sheath downward from off the contents than by drawing the contents upward from within the sheath. The difficulty in reducing by traction results from the fact that the sheath becomes puckered up into rings, which act as so many strictures upon the contents. It is possible that, by attention to this rule, reduction may sometimes be effected without bringing the parts out of the abdominal cavity (Jonathan Hutchinson).

Treatment of Elephantiasis Nasi by Decortication.

M. Ollier, in the *Lyon Médical*, says:—Where the size and thickness of the mass require complete ablation, decortication by means of the knife has a number of inconveniences, such as erysipelas, and more particularly hemorrhage, and that not only at the time of operation, but even ten days or a fortnight following the cicatricial process, since the diseased masses themselves are highly vascular, and the periosteum and perichondrium are perforated by vessels difficult to tie, and even if directly closed by clot there is great danger of secondary hemorrhage. M. Ollier therefore used a small cutting cautery heated to white heat, and with great care made the required dissection with one fin-

ger in the nose of the patient, in order to appreciate the thickness of the tissues. Latterly, he has used the galvanic cautery (or galvanic knife), as at will one can either augment or decrease its capabilities as a cutting or hæmostatic agent. He calls particular attention to the management of the resulting denuded surface, it being an advantageous course to leave, when possible, small islets of healthy tissue, whilst the tension of the cicatricial process will have the effect of stretching them, and thus render them of use in covering the organ. The aperture of the nostrils should not be interfered with, and a small zone of skin should be invariably left, even at the risk of an ugly-looking pad, as the retraction will sooner or later involve it, and regulate the size of the nostrils. In dissecting off the tumor, great care must be taken in the management of the perichondrium. The process is difficult and laborious, but it is better to leave a layer of that membrane than to denude the cartilages, as they will necrose at the points where it has been removed. Too great retraction of the nostrils, if threatened, may be combated by judiciously plugging each aperture separately.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Sixty-second Annual Report of Massachusetts General Hospital, 1875. The average number of patients for twelve months was 16½ more than for 1874. The "free list" was considerably increased, and the average cost per head two dollars above that of the previous year.

——Annual Circular of White Cliff Mineral Springs, East Tennessee. This advertisement of a sanitarium, like its congeners, makes too many assertions without due authorization. Personally, we know nothing of the hygienic influences of this section, but we infer, from the report, that such claims are beyond contradiction.

——Annual Report of the Pennsylvania Reform School, 1876. This is a register, by the attending physician, of an epidemic, typhoid in character, which raged through the wards from December, 1874, to April, 1875. The non-stimulating plan was adopted. A glance at the report shows that the virus must have been introduced by the drinking-water, which was obtained from wells in proximity to vaults and sewers. The managers are, in every way, reprehensible for this epidemic in the school.

——Proceedings of Medical Society, County of Kings. This, the second issue, contains, beside other interesting contributions, a thesis on "Opium Inebriety," by Dr. Mattison. This is discussed in two phases—the moral and morbid. Missiles of censure are let fly on the improvident prescription, by medical men, of the drug. The treatment touches the rejuvenation of the nerve.

——Report of Forty Cases of Cataract Extraction, by George Strawbridge, M. D., of Philadelphia. The method of Graefe was favored in twenty-seven, of forty cases, and of all the operations ninety per cent. were successes.

——The *Semi-Tropical*, Jacksonville, Florida. This monthly magazine, for May, has a number of entertaining chapters on Southern horticulture, and a pithy editorial on hospitality and its abuses.

——Professor Greensville Dowell has in press a work on yellow fever, giving the results of his very extensive experience in that disease. It may be had at this office.

——Hurd & Houghton, New York, will shortly publish a little work on "The Anatomy of the Head," by Thomas Dwight, M. D., Professor of Anatomy in the Medical School of Maine. One of the most important features of the book will be six full-page lithographs of frozen sections of the head, which have been drawn with great care from the original specimens.

BOOK NOTICES.

Seventh Annual Report of State Board of Health of Massachusetts. January, 1876.

This survey abounds in new and vital sanitary hints, and combats two or three evils in particular, which have hitherto passed without a special disposal. The dampness of soil due to insufficient drainage is discovered to be widespread through the State. Irrigation is recommended for the towns, and intercepting sewers for cities. The water-carriage system is advocated as important for *public*, as it always has been thought for private, privies. Dry earth is urged as a common disinfectant for all kinds of excrement. A section is devoted to the laws of house-draining, and traps ordered through the pipes at every waste inside a dwelling. The erroneous belief that ice relieves itself of all impurities by freezing, is shattered by a report of

a violent endemic of a typhous type in a seaside hotel, attributed and traced to the impregnation of drinking-water by impure ice. The various sources of pollution were scientifically examined, the inspection of the water-supplies was analytical, the numerous suggestions fair samples of sound hygiene. The Board has unearthed the sanitary frauds with admirable pluck.

Memoires sur la Galvano-caustique Thermique. Par le Docteur A. Amussat, fils, avec 44 figures. Paris, 1876. pp. 126. Paper.

The name of Amussat is inseparably connected in the history of surgery with one of its boldest operations. The son of that eminent surgeon presents us with this original and able work on Galvano-Caustics. Commencing with a historical chapter, he sketches the progress of discovery in this branch from 1800 to the present year. He then devotes fifty pages to a description of *l'anse galvanique*, and the methods of employing it. The operations in which he uses it are such as ganglionic enlargement, cysts, erectile tumors, phimosis, circumcision, anal fistule, strictures of the urethra and rectum, uterine polypus, lipomata, etc. A special chapter is consigned to the author's cases of cancer of the neck of the womb, and he believes that in the galvano-cautery we have an efficient ally against this terrible malady.

The wood-cuts are beyond praise. We have never seen better, and the paper and typographical work do them no discredit. A few copies have been placed with us on sale. Price $2.00.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. XI. New York, William Wood & Co.

The eleventh volume of this Cyclopedia contains the diseases of the peripheral cerebro-spinal nerves, by Professor Wil. Heinrich Erb, of Heidelberg, translated by Mr. Henry Power, of London. These diseases he divides into such as are functional and such as are anatomical or organic; though he acknowledges that this distinction is defective, and, indeed, untrue, as every so-called functional disease must be associated with definite organic changes.

The neuroses of the peripheral nerves include those of the nerves of sensation (neuralgia), and those of motion (spasm and paralysis). These forms of disease, so far as they originate from the portion of the nervous system under consideration, are treated at great length. In the treatment a large variety of methods are discussed, and particular prominence is given to electrotherapy. External applications for neuralgia are not regarded with much favor. General constitutional treatment is repeatedly urged.

The anatomical changes of the nerves occupy but about thirty pages out of the 608 pages of the volume. These include hyperemia, neuritis, atrophy, and hypertrophy of nerves. The author throughout shows extensive reading and a firm grasp on the subject he has chosen, one of the most difficult, by the way, in the whole art of medicine, to deal with satisfactorily.

Medical History of our West African Campaign. By Surgeon Major Albert A. Gore, M. D. London, Bailliere, Tindall & Cox, 1876. Cloth, pp. 220.

The author of this volume was sanitary officer on the staff of the quartermaster-general's department during the Ashantee war of 1873, and in a series of chapters presents a vivid and correct account of the medical features of that campaign. In a general way, he describes it as characterized by a very high percentage of sickness, with comparatively light mortality. The malaria, though very prevalent, has not the rapidly fatal results it manifests in some parts of the coasts. The surgical report is similar; there were many wounded men, but comparatively few killed outright, the negroes having very inferior arms and ammunitions.

The temperature in the campaign was generally 85°–95° in the shade in the daytime, with cool, damp nights. The force of the sun was about 150°. Yet few cases of insolation are mentioned. Dysentery and ague were the two main agents in thinning the ranks. Prophylactics did not do much good. Surgeon Gore makes the statement (page 164):—"The general idea among the European residents in West Africa is this: that quinine has little power as a prophylactic against fever, and that when taken *de die in diem* it loses its power as a remedy." In dysentery, the ipecac treatment (twenty or thirty grains at a dose) was tried almost exclusively, with the best results. He has much to say about the use of alcohol, concluding that it does no harm when taken in moderation, at proper times and places. The work is a valuable contribution to surgical literature.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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LIFE INSURANCE SYSTEMS.

The system of Life Insurance is one which in theory is admirable, and in practice is detestable. That a man can provide for his family or his own old age, by handing his savings, as they accrue, to an institution who will guarantee a much larger amount than their sum if he meets a death earlier than the average, is a benevolent design, and none the less so that it is a profitable one to the institution itself.

But there are most serious objections to it, some easily remedied, some difficult to reach. The system of "forfeitures" is one most unfair and iniquitous. That any man or any company should be authorized to take advantage of poverty because it is utterly destitute, and of need because it is at the sorest, is bad and demoralizing. Personally, we can have no confidence in, and can entertain no respect for the boards and companies who foster and defend this system. Yet companies boast that all their expenses are paid by forfeited policies!

Of course, this is a stimulus to the organizing of dishonest and fraudulent companies. So long as men claiming integrity defend the robbery of their customers whenever these are most in want, one may be certain their moral sense is so obtuse that they will rob them at any other time, opportunity given.

This is especially the case when the insured dies. Then the medical certificate is searched, and a series of questions sent to the family and friends of the deceased, to see if some pretext cannot be found to refuse or at least to litigate the policy. Having been the recipient of such a string of inquiries, we speak knowingly when we say they are deliberate snares to catch the confiding and innocent.

The medical examinations for companies are too often mere shams. This is generally owing to the weakness of the physician and the greed of the agent. The profits of the latter depend on the good risks he gets; and as he generally chooses his own medical examiner, he is apt to find one not too rigid.

The insuring the lives of children has led to so many abuses that it is largely discountenanced in this country, and in England no insurance of more than ten pounds is allowed on a child under five years of age. This must be solely for the benefit of the parent or his (her) representative.

This is held to be a judicious provision, on the ground that the general insurance of children would be certain to increase their mortality. If this is well grounded—and we do not doubt it—the reverse plan should be one well calculated to diminish the infantile mortality which remains so alarming a problem in sanitary legislation.

Suppose that a company was organized somewhat on the endowment plan, admitting the insurance of children of all ages, the principal to revert to their parents or themselves, as provided, when they reach adult life, there would be an extra stimulus to parental care and affection. Such a plan is said to have been in operation in Chili for many years with good results.

Notes and Comments.

New Ophthalmological Instruments.

Prof. Donders, at a recent lecture in London, exhibited an ingenious instrument, the Cycloscope, intended to show the direction of the meridians, the great circles, the direction of the circles, and the parallel circles of the field of vision. The Horopteroscope is an instrument designed for the determination of the line-horopterplane at different degrees of inclination of the plane of fixation and at different degrees of convergence. By this contrivance we find the position for close work with the hands, and which, according to the inventor, has in course of time determined the angle between meridians of apparent equal direction; whilst the Isoscope enables us to determine the angle between the meridians of apparent vertical and horizontal directions at any degree of convergence, separately or simultaneously, and investigate at the same moment how lines or objects in the field of vision influence these angles. By another instrument equally ingenious, the Photostereoscope, we are enabled to determine the relative value of the second eye for binocular vision; whilst the Noematachometer accurately registers two sounds, two lights, or a light and a sound (by sliding prism rods and frames), the difference in time between two impressions, and to a perfect certainty. The priority of two impressions can also be determined by this instrument.

Deafness as an Intracranial Disease.

At the recent meeting, in this city, of the Conference of Principals of Deaf-mute Institutions, Dr. Turnbull, of Philadelphia, was invited to speak, and entertained the Conference with illustrations of the external and internal ear. He believed that deafness (excluding cases manifestly due to disease of the apparatus of hearing) is a rare complication of intracranial disease. It is much less common than disease of the optic nerve, extending to the brain substance. One case he had recorded of abscess and tumor in the cerebellum with deafness of one ear. Dr. Jackson, of London, had recorded a tumor of the left cerebral hemisphere, where there was deafness of both ears.

These facts go to prove that the brain of the deaf and dumb is as capable of receiving and retaining any amount of intellectual knowledge as that of his hearing brother or sister, provided it is made available to him by the eye, not by the ear.

At Dr. Turnbull's conclusion a vote of thanks was extended that gentleman for his entertaining and instructive lecture.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter IX.

EDUCATION OF THE BLIND, DEAF AND DUMB.

Centennial Exhibition, July 25th, 1876.

Ed. Med. and Surg. Reporter:—

In my last letter I dwelt on the subject of the ear, and the interesting exhibit of Professor Politzer, in the Austrian Department. This letter I shall devote to the blind, giving the mode of instruction in the United States, and the illustrations as afforded by the Exhibition, concluding by a brief reference to the condition of the deaf and dumb, and what has been accomplished for them during the last hundred years. The benevolent citizens of these United States, soon after the war of Independence, laid down their arms, and in bonds of brotherly affection sought out the blind, the deaf, and the dumb, and provided homes and asylums for those destitute and grievously afflicted ones. In New England this was accomplished soon after 1800; in our own State, Pennsylvania, the Institution for the Deaf and Dumb was organized about 1820. The wants of the blind were not provided for until a later period. In 1833 the Pennsylvania Institution for the Instruction and Relief of the Blind was founded (at that time there was one institution in Massachusetts and New York, now there are twenty-seven), and has continued ever since, under a board of able managers, who devote their time and talents to the successful work.

Indigent blind persons are admitted and maintained for eight years, at the charge of the State; they receive a good practical education in literature and music. Those who leave the institution in good standing receive an outfit to aid them in obtaining occupation, as, for instance, books, mechanics' tools, or apparatus, as they may need. Children are not admitted under eleven years of age, and it is recommended in the report of 1875 that the "blind between the ages of eight and eleven years should be placed in the common schools of the State, in their neighborhood, to be taught the elementary branches, and to acquire habits of study preparatory to their being admitted into the institution, which method has been practiced in Scotland for the last five years." An appropriation of a moderate sum annually is advised "for the admission of a limited number of adults into the Pennsylvania Working Home for Blind Men (which we will refer to) already

in successful working order in West Philadelphia. A larger number of the younger ones could thus take their place. Another advantage would be the gathering into the class room of these before their sense of touch becomes blunted and the work of mental and moral discipline more difficult." Those who are able to pay for their instruction and support are charged three hundred dollars per annum, or even a less sum, according to their ability to pay.

As the institution has grown in years, it has also increased in usefulness, providing for the mental wants of this class of our citizens by numerous books, the variety of which may be estimated when the list alone covers two pages of the Annual Report—from the "Blind Child's Primer" to the "History of the United States." In such elaborate works as dictionaries there are no less than two. A dictionary of the English language, in three volumes, in the raised types. This dictionary had the valuable supervision of the late Robley Dunglison, M. D., LL. D. It is constructed on the basis of Worcester's, by his permission, and printed in the Roman capitals. The second is a musical dictionary. Among new and important works which are forthcoming is the first volume of Marcx's Universal School of Music, prepared by the distinguished and talented blind organist of this city, Mr. D. D. Wood, for the National Printing Association of this city. Mr. N. B. Kneass, Jr., who devised this method of music printing in relief, has so far perfected it as to supply a want long felt, by introducing a practical system of printing raised music for the blind similar to that in general use for the seeing student. Besides this large number of books (92), there are various ingenious means of instruction, as, for instance, pin-type printing, arithmetic slates and figures, algebraic letters and signs, writing cards, Braille's writing boards, as well as maps, models, and implements of trade, amusement and instruction. These articles, books, etc., were at one time imported from Holland, France, or England, but now we export, and are able to supply the world, with great improvements in apparatus, books, etc., in every department for the instruction of the blind. The course of study has been enlarged, comprising, now, reading, writing, pin-type printing, arithmetic—méntal and slate, geography, maps, etymology, grammar, dictionary, rhetoric, history, natural history, elocution, English and American literature, physiology, astronomy, physics, chemistry, logic, constitution of the United States, mensuration, algebra, geometry, latin and calisthenics. One pupil continues to maintain a creditable standing in the scientific course of the Pennsylvania University, and another graduated with honor in the literary and classical department of last year (1874), in the same institution.

The musical department, under the able direction of Mr. Hahn, is conducted with great success. The valuable instruction of Mr. D. D. Wood, on the church organ and piano, and theory of music, is one of the most interesting and useful departments; to this has been recently added piano tuning and repairing, and with encouraging results. These facts so well established prove that the blind are capable of receiving an education, not only in the usual branches of literature and science, but even maintain a creditable standing in the universities. Experience has also shown that they can acquire certain handicraft branches, but some of them fail or soon forget what they have acquired, without a helping hand. Blind men, however perfectly they may have acquired their trades, find it difficult to hold their place, on leaving the institution, in the workshop of the seeing; and to work alone is to them very depressing, owing to their early habits of association. The friends of the blind, therefore, on April 19th, 1875, organized two new institutions, the Pennsylvania Working Home for Blind Men, and also one for women, providing constant employment to a number (20) of blind men, and about the same number of women. In both institutions they offer employment to those who are willing to work, making themselves self-supporting neither depending on their friends nor the community for aid. There is a small sum charged per week to those who can pay it, and donations and legacies are received and desired by the managers, so as to be able to support those in the institution who are not able to help themselves, either from disease or accident, or who cannot earn a sufficient sum for their full support. It is stated in the last report, 1875–6, that as a rule, the men are industrious; in fact, in many cases, the difficulty is not to get them into the workshop punctually, but to get them to cease at the hour for closing. These men know the terrors of enforced helpless dependence, and are willing to work hard and live cheaply, that they may lay up something for the future. One of the blind and deaf inmates, during the month of October, made, at brooms, over his expenses, the sum of $11.70. In November he made, in the same way, $17.44.

There are six trades represented, viz.: Broom making, carpet weaving, harness, mattress, and brush making, and cane seating. Those who are interested will find a display of their work in the Pennsylvania Building, Centennial Exhibition, where will also be seen the various articles made by the blind pupils of the Pennsylvania Institution, by which, during the year, there was realized by their labor the sum of fifteen thousand dollars by two hundred inmates, and this is but a small number of the blind of Pennsylvania, the whole of which, in 1870, was 1767, according to the United States census returns. Having thus given a notice of what is being done in the United States to ameliorate the condition of the blind during the forty-three years in which the chief institutions have been in operation, we turn with pleasure to the contributions which have been made to the Philadelphia Centennial Exhibition from abroad in 1876. The first of these is the exhibit from the Netherlands.

We have a valuable contribution from the Blind Institution at Amsterdam (Holland), which will give an idea of what has been accomplished for the relief and instruction of the blind in that good land. There is a chest containing a wooden box, exhibited by I. H. J. Stkokking, teacher of manual work, containing, A. means of instruction for the blind; B. some articles made by the pupils, much of the same character as those made in the Pennsylvania Institution, with a few exceptions, which we shall enumerate. Pipe covers of wire (with name and figures); tape slippers; snow-socks; a bottle around which a cane plaiting is woven; watch guard, on pasteboard; christening vail on pasteboard; a tablecloth, with the words "Philadelphia, Amsterdam, Anno 1876," knit by a deaf and blind pupil; woolen shoes, by the same pupil; knit carpet-bag, game-pouch or satchel. All these (eighteen) articles have been made for and by the pupils of the institution for the instruction of the blind at Amsterdam, from December 1st, 1875, till January 15th, 1876.

Means of instruction—a raised map of Asia, also one of the province of North Holland. These maps of bead work are found, by experience, to answer very well the purpose for which they are intended, and it is stated that the pupils are quicker in the use of them than other pupils of the same age who see, and they are very fond of learning geography in this manner.

Then there is Braille's writing frame, enabling blind persons to write, and it was interesting to see in one of the frames, with raised movable type, a phrase of "Yankee Doodle," and this wish, set up by blind fingers: "All hail and prosperity to the Philadelphia Exposition." We here make room for the following beautiful little letter, written, according to an accompanying statement, by a girl of thirteen years:—

"Amsterdam (Netherlands), January, 1876. —If the boys and girls of the Blind Asylum at Amsterdam venture to take an active although very humble part in the famous International Exhibition at Philadelphia (United States), it is only to show to the world how a good education is of extreme importance to the blind, as by its aid many will succeed in life who without it would have been helpless, unhappy, and a burden to themselves, their friends or to society.

"A closer union between the educated blind of different countries and parts of the world is already giving the happiest results in disseminating information, cheapening and simplifying educational apparatus, and improving by it, the happiness and well-being of the blind throughout the civilized world.

"May the great Philadelphia Exhibition of 1876 not pass by without having produced some efficacious amelioration in the deplorable fate of the blind also!"

No. 5 is a wooden screen, with different letters and figures, used for teaching music, reading and arithmetic. 6. A graduated series of spelling and reading books, from one to ten. In looking over them we were pleased to see how gradually the child was first interested in short descriptions of animals and minerals, man, thinking and doing, cause and effect, reality, comparison, etc. 7th is the Gospel of St. Mark. 8th, a set of cards used in teaching mathematics, made by Mr. Stram, the head master of the school.

In the Swiss department there are some interesting reports of the operations of institutions for the instruction of the blind, with general regulations, "Lausanne," 1864; also reports, 1873–1874. Statutes "Berne," 1874; constitutional reports, 1861–1874. In these schools they employ the alphabet of Braille, which is given in the reports.

We examined the exhibits of France and Belgium, and called upon the officer of the Commission, but found that they had made no display in this department.

Having devoted more space to this interesting subject than we at first intended, we shall reserve for a future letter the department of the Deaf and Dumb. Yours, L. T.

News and Miscellany.

The American Academy of Dental Surgery

Met at the Centennial grounds, July 27th. Addresses were made, and letters read by and from the following: Dr. George H. Perine, President of the Academy; Professors Frank H. Hamilton, M. D., Allen McLane Hamilton, M. D., Alfred L. Carroll, M. D., Charles I. Pardee, M. D., John M. Carnochan, M. D., Austin Flint, M. D., of New York; Professor William T. Flint, M. D.; Professor Joseph Leidy, of Philadelphia; W. O. F. Bascome, M. D., of Hamilton, Bermuda, and Dr. John Belisario, of Sydney, Australia.

The question of establishing dental chairs in medical colleges came up, and was earnestly discussed by Drs. Perine, Hamilton and Carroll, and Professors Flint and Leidy.

Professor W. T. Flint, M. D., College of Medicine, New York State, said they were deeply interested, in the western part of the State, in the subject under discussion. It was their conviction that dentistry should be taught in medical schools, and they had in contemplation the establishment, at no distant day, of dental chairs in that college. He believed in the co-education of dental and medical students, and would gladly coöperate in the promotion of the object proposed.

Professor Joseph Leidy, M. D, University of Pennsylvania, said he knew their faculty felt strongly the importance of dental surgery as a branch of medical education, and had been desirous of having chairs established for the purpose of teaching it in connection with the University. This course had been recommended and urged, but thus far the Board of Trustees had refused, as sufficient influence had not been brought to bear on them by the medi-

cal and dental profession. The influence of the Academy would do much to promote the object proposed.

A letter was read from Professor Allen McLane Hamilton, M. D., Long Island College Hospital, indorsing the measure, as he had long recognized the importance of studying the connection of the diseases of the teeth and those of the general nervous system. A paper by John C. Story, M. D., Dallas, Texas, giving a statement of the condition of the profession in the Southwest, and the movement progressing there, was then read and discussed. Several other topics of minor importance came before the meeting, and late in the afternoon, with a vote of thanks to the commissioners for the use of their room, the Academy adjourned to the fourth Tuesday in September, to meet then in New York.

The Pennsylvania State Dental Society.

On July 26th, this Society held its eighth annual meeting in this city, Dr. E. T. Darby, President, in the chair.

There was a large attendance of prominent dentists and of the medical profession. After the usual routine work, a number of active and corresponding members were elected, and a large number of donations were presented. Among these were a curious plugging machine, and a new substance for filling teeth, from J. P. Michaels, Paris, France, and a rare specimen of liliputian or dwarf tooth from Dr. John D. Miles, Vicksburg, Miss. A large and interesting anatomical collection was received and exhibited, from Dr. Belisario, Sydney, Australia.

The American Medical Association.

The Boston *Medical and Surgical Journal*, July 6, contains under this heading some severe strictures on the Permanent Secretary of that association, Dr. Atkinson. If that journal had been fully acquainted with all the facts of the case, it would certainly not have admitted those criticisms, as they are very unjust, to a laborious and efficient officer. The blame, if there is any, for the "shortcomings" specified, must rest with the committee of arrangements, where it belongs, and the effort to lay it upon the shoulders of the Permanent Secretary solely, is, as we personally know, one not justified by the occurrences.

The Ann Arbor School.

Dr. A. Sager writes us that the alleged corporate disconnection of the regular and homœopathic faculties in this school is "a mere technical quibble." Seeing that the position of this institution is before the Judical Council of the American Medical Association, to be reported upon at the next meeting, this journal will in future contain no statements in regard to it.

Spiritualism.

A committee of the University of St. Petersburg have reported on spiritualistic phenomena to the effect that they are to be attributed "either to unconscious movements or to conscious imposture." Well said.

Personal.

—Among other eminent surgeons who will be in Philadelphia to attend the session of the International Medical Congress, we are authorized to mention Mr. Lister, of Edinburgh.

—A practical joker chose as his victim a young doctor. "Doctor," said he, "I have a curious malady—a constant desire to lie. Can you do anything for me?" "Certainly," said the youthful Esculapius, scenting mischief in the air. He mixed a nauseous compound, and thrust a dose of it into the pretended patient's mouth. "But it's horribly nasty," exclaimed the latter. "There," said the Doctor, "you see I have cured you by one dose. You speak the truth perfectly."

OBITUARY.

PROFESSOR EHRENBERG.

The distinguished microscopist, Christian Gottfried Ehrenberg, senior professor in the University of Berlin, died in that city on June 27th, at the age of 81. Ehrenberg was born at Delitsch in 1795; and in March, 1827, having already made for himself a scientific reputation, he was appointed an extraordinary professor in the Berlin University. In 1829, he was selected by Alexander von Humboldt to accompany him and Gustav Rose in their expedition to Siberia. In 1839, he was appointed ordinary professor in the University of Berlin. Ehrenberg did much to bring the microscope into use as an instrument in scientific investigation. His great work on the *Infusoria*, the materials of which were collected during his travels with von Humboldt and Rose, is well known in the scientific world. Ehrenberg had for several years been disabled, by illness and old age, from performing his professional duties.

QUERIES AND REPLIES.

J. F. D.—"Is it consistent for members of medical societies to consult with female physicians?"

Reply.—We are surprised that at this time of day any one should ask such a question. As many female physicians among us are much better educated, and are much more respectable in conduct (inasmuch as they neither smoke, drink, nor swear) than the majority of male physicians, it is not only consistent but improving to consult with them.

J. W. P.—Will some of your readers suggest the most prudent precautions for accoucheurs to observe in order to avoid syphilitic inoculation in making examinations *per vaginam*?

THE

MEDICAL AND SURGICAL REPORTER.

No. 1016.] PHILADELPHIA, AUG. 19, 1876. [Vol. XXXV.—No. 8.

Original Department.

Communications.

PUERPERAL CONVULSIONS.

Read before the Chenango County Medical Society, June 13th, 1876, and recommended for publication.

BY J. T. JAMESON, M. D.,
Of Oxford, N. Y.

It will probably be remembered by those who were present at the last semi-annual meeting of the Society, that Dr. Avery related an interesting case of puerperal eclampsia, the subject being discussed subsequently by several members of the Society; and, the Society willing, I would again present the subject for further consideration. Some may, perhaps, regard the subject as void of interest, and worn threadbare, but I do not so esteem it, and cannot, in consideration of such a contrariety of views in relation to the pathology and treatment of so formidable a disease. Thus, we have the treatment by opium, chloral, chloroform, bromides, venesection, etc., affording, it appears to me, evidence of the prevalence of vague and indefinite sentiments in relation to the pathology of the disease. There are cases which every physician must expect to meet with more or less. They occur suddenly, present a frightful aspect, and cause great consternation and anxiety to the attendants and friends, and I know of few occasions in the practice of our profession requiring and demanding more coolness and self-possession on the part of the medical attendant than the one under consideration. Now, whilst all is confusion and intense anxiety around him, how is the physician to maintain the self-confidence and self-possession so much to be desired? I know of no better or more legitimate way than by a thorough preparatory study of the disease, and an endeavor, as far as possible, to attain to a correct knowledge of its nature and treatment. This must be my apology for again introducing the subject to the Society. In the discussion which followed the recital of Dr. Avery's case, Dr. Douglass advanced the opinion that there are two distinct classes or divisions of this disease, the one being purely hysterical or nervous, and not demanding antiphlogistic treatment, and the other not so. Theoretically, I deem this opinion to be correct, but practically, my experience would accord with that of Dr. Lyman's, namely, that we very rarely meet with a case of hysterical or nervous convulsions in the advanced period of pregnancy. If such a case is met with during pregnancy at all, it would be most likely, I consider, to occur soon after conception, or in the early months, whereas the affection under consideration is met with most generally from the seventh month to the completion of delivery, and sometimes, also, after delivery. Let it be understood, then, that the cases now under contemplation are those occurring toward the close of pregnancy, during delivery, or within a short period afterward, and of such cases, I am inclined to the opinion that we shall very rarely meet with those that might be regarded of a hysterical or nervous character. Prior to entering more fully into the discussion of the subject, it may be proper to dwell a few moments on the albuminuria, which of late years has been discovered to be a not uncommon accompaniment of these cases, and to enter, in some way not clearly defined, into their etiology.

Dr. Matthews Duncan, in a late clinical lecture on puerperal eclampsia, gives it as his opinion, "that undue importance has been attached to Bright's disease or albuminuria as a cause of convulsions in pregnant women. That Bright's disease, if present, greatly predisposes the patient to convulsions there is no doubt, but in a large number of cases the fits cannot fairly be ascribed to this cause. It is exceedingly common, he states, to find a small quantity of albumen in the urine of pregnant women near the full time, and still more common to find it after fits have occurred, just as it may be found after an epileptic attack." Dr. Duncan is an eminent obstetrician and one who has enjoyed a large experience, and if his opinion, as above recited, is correct, the existence of albumen in the urine is not, in this disease, of as much importance as it has hitherto been considered.* A large proportion of these cases of convulsions occur in primipara, and in these instances the existence of albumen in the urine has been explained on the supposition that in consequence of the unyielding condition of the abdominal parietes in first cases, the uterus was made to exercise undue pressure upon the renal vessels, inducing a congested condition of the renal capillaries, and thus giving rise to the effusion of albumen. Since, as I suppose, whatever tends to occasion a congestion of the renal vessels favors the presence of albumen in the urine, the above appears to be a very reasonable hypothesis, to say the least. But the vital and all-important question is, as to whether there really exists any such connection as cause and effect between the existence of albumen in the urine and puerperal eclampsia, or, in other words, does the escape of albumen from the blood by the kidneys induce or indicate such a condition of the blood that, being conveyed to the brain it acts as poison on that delicate organ, terminating finally in convulsions. This might be the view of some, but I am myself more disposed to regard these convulsions as connected with, if not dependent upon, a general plethora of the system, in which, of course, the brain participates, and which goes on augmenting, until, on the occurrence of some particular cause, such as the commencement of uterine action, or without any obvious exciting cause, convulsions suddenly take place. In support of this view, we find, as stated above, that a large proportion of these cases are met with in primipara, and as the result of my observation, I should say that it is very common for these individuals to grow fleshy, as it is commonly termed, or in other language to manifest vascular plethora, or over fullness of blood. This is the view to which I am strongly inclined as the result of my experience and observation, and taking such a view my treatment, as will be seen presently, would be greatly influenced and governed thereby. In order to acquire a more complete understanding in relation to this disease, and be prepared more intelligently and satisfactorily to discuss the treatment, I will now present to the Society a few cases which have occurred in my practice, and which I would designate as typical cases, that is, as types or fair representations of the particular cases most commonly met with in practice, and the treatment which I should regard as appropriate to each. They may be divided or classed into—1. Cases threatening convulsions, but which are presumably prevented by treatment. 2. Convulsions occurring prior to the establishment of uterine action, or the commencement of labor. 3. Convulsions occurring simultaneously with the commencement of labor, or during the same. 4. Convulsions occurring at a period not long after delivery.

1. *Convulsions Threatened, and Presumably Prevented by Treatment.*—Case. This patient was a robust, healthy woman, about twenty-two years of age, primipara, and having enjoyed good health. During the last month of pregnancy she complained of some pain and bad feeling in the head. It was also noticed that the eyelids would be somewhat puffed in the morning, and that the feet were swollen. Finally, about five days prior to the commencement of labor, the pain in the head, with sense of fullness and dizziness, became so marked that I bled her, pleno rivo, to about twenty ounces. The patient expressed herself as decidedly relieved by the depletion. The blood manifested the buffy coat. I ought to have tested the urine at this time, and am sorry that I did not. Attention was directed to the bowels. For the next few days, and up to the

*Since the above was written, I have read a statement by M. Tarnier, a French physician, to the effect that he regards albuminuria as an important item in puerperal eclampsia. He admits that cases may occur without albuminuria, but they are very rare. And he recommends as a cure for the albuminuria, and a preventive of convulsions, a strictly milk diet.

commencement of labor, she expressed herself as decidedly better as regards the head symptoms. The case proved to be one of partial placenta presentation, and before delivery was completed she lost a large amount of blood. Nevertheless, she made a good recovery, only feeling the effect of the loss of so much blood for some time. Soon after delivery I had occasion to pass the catheter, and, on testing the urine, found about one quarter albumen.

Remarks.—This is a good illustration of a class of cases by no means rare, and I regard it as important that they should be early recognized and properly treated. Everything in this case points to a plethora of the system, and especially to an overloaded condition of the cerebral vessels, and it does not appear to me presuming too much to suppose that but for the bleeding the patient would have had convulsions. The treatment of these cases, if I am not mistaken, is prompt and free depletion, attention to the bowels, and, if the urine should be albuminous and scanty, diuretics.

2. *Convulsions Prior to the Commencement of Labor.*—Case. I visited, in consultation with Dr. Clarke, of De Ruyter, Mrs. B., aged about thirty-five, primipara. Symptoms of labor arising, Dr. Clarke was sent for, but, as he informed me, on examination found no indication of labor. During his visit, and without any warning, the patient was seized with a violent convulsion. A large bleeding was immediately performed, and on my arrival about two hours afterward, I found the patient conscious, and able to answer questions, but in an oppressed, drowsy state, and indisposed to converse. On vaginal examination, I found the os uteri closed, and no indication of immediate labor. The friends stated that the patient, who was robust, and had become fleshy during her pregnancy, had complained of her head, and her face and feet were observed to be somewhat puffed. It was agreed to act on the bowels, observe quietude, test the urine, and, if albuminous and scanty, prescribe a diuretic mixture of acetate of potash, tincture digitalis, liquid spirits æth. nitrosi. I did not see the patient again, but was informed that she had no more convulsions, and that she was delivered five days subsequently, the child being dead, and that she made a good recovery.

Remarks.—This case was very similar to the first, with the exception of the patient being several years older, and tends to confirm the supposition entertained in that case, that but for the bleeding the patient would have had convulsions, and, in all probability, had the patient in the present case been sooner freely bled, the convulsion would not have occurred. There were the same indications in this case, as in the first, of a plethoric condition of the system, and of an over fullness of the cerebral vessels. Dr. Clarke stated that he had the blood flowing in a full stream just as quick as a bandage could be applied to the arm, and I cannot but think that the very favorable termination of the case must be mainly attributed to the prompt and ample depletion.

3. *Convulsions Simultaneously with the Commencement of Labor, or During the same.*—Case. June 13th, 1865, 5 P. M. Visited, Dr. Halbert being also in attendance, and arriving about the same time as myself, Mrs. F., aged 22, primipara and advanced to somewhere about the seventh month. The patient is a fleshy, robust young woman, said to weigh 150 pounds, and enjoying good health. The husband states that for the past fortnight the patient had remarked that her feet were somewhat swollen, but to his knowledge had not complained of her head. About 8 o'clock this morning was suddenly seized with violent convulsions, and became unconscious. Has had thirteen convulsions in all, and came out of one a few minutes prior to my and Dr. Halbert's arrival. An eclectic was first called to the patient, about 1 P. M., and prescribed a dose of morphine, cold to the head and counter-irritation to the lower extremities. The patient at present lies perfectly insensible, eyes closed, and eyelids œdematous, and the face generally presenting a full bloated aspect, with a color inclining to lividity; pulse frequent and feeble, and at times indistinct; respiration somewhat labored, and inclining to stertorous. This condition of the pulse and respiration may be explained in part from the fact of her having so recently come out of a fit, for in a short time there was an improvement in each. On vaginal examination, I found the os uteri dilated to about twice the size of a dollar, the membranes protruding, and the head perceptible through them. It was decided to rupture the membranes, and bleed, which was effected to the amount of about twenty-four ounces. The bowels were reported as lax prior to the occurrence of the convulsions, and an enema given this afternoon operated freely. The labor progressed favor

ably, being completed about 10½ P. M. Child dead. Only one convulsion after the bleeding up to the completion of delivery, but this was of the most frightful character, the face being horribly distorted and livid, frothing at the mouth with hissing noise, limbs spasmodically contracted and contorted, and the spine incurvated as in tetanus. During the fit the arm bled considerably, and could only be restrained by maintaining pressure with the thumb. After delivery, the patient remained in a profound stupor. Cold was constantly applied to the head, and sinapisms to the extremities. Soon the patient became more restless, and every two or three minutes would forcibly throw up the left arm toward the head, and draw up the left lower extremity toward the body, and almost immediately allow them to fall back again; the right extremities being almost quiescent, a state indicating almost a hemiplegia. About midnight had another convulsion. About 6 A. M., the motion of the left extremities above described was almost incessant, and every few minutes the patient would open her mouth and give a sort of sigh or low moan; pulse frequent; head inclined to be hot, and surface generally warm; pupils rather dilated. We allowed her to inhale chloroform, but without any apparent effect. It was then agreed to abstract more blood, which was accomplished to about sixteen ounces, when symptoms of faintness appeared, and soon the patient experienced another convulsion, and for about half an hour it seemed as though she would die, but at the expiration of this time she began to improve, lay more quiet, pulse better, and this improvement continued the remainder of the day. Cold was continued to the head, sinapisms to the extremities, and chicken broth every hour, the patient swallowing it well. It is not necessary to enter into any further details; suffice it to state that the patient had only one more convulsion, and that of a mild character, and without further medication other than a purgative, some diuretics, good nursing and plenty of nourishment, she made a good recovery; but it was four days before she manifested consciousness and gave any indication that she recognized things outward. I may state that the first urine removed by the catheter after delivery was of a very dark color, and when tested presented almost a solid mass of albumen.

Remarks.—This was undoubtedly the most severe case of puerperal eclampsia that I ever witnessed. There was the same evidence of general plethora, and of cerebral congestion, as in the previous cases, only in a higher degree, and demanding, in my judgment, the same treatment. There may be a discrepancy of opinion among the members in relation to the propriety of the second bleeding, and it is, of course, impossible to state what the result of its omission would have been; and if I should be asked to explain how or in what manner it proved beneficial, I could give no explicit answer, inasmuch as I am ignorant in relation to the particular condition of the brain at this time; but it is impossible to suppose the occurrence of so many terrific convulsions without seriously affecting not only the vascular part of the brain, but the cerebral substance itself; and the fact of four days elapsing before consciousness was restored, affords, I think, conclusive evidence of this. Why remain unconscious all this time, unless the brain, in its texture or its vascular system, or as the consequence of sanguineous or serous effusion, had become so injured or so oppressed as to unfit it for the discharge of its functions? But, not to anticipate the final consideration of the treatment, we will now proceed to consider the fourth and last division, namely:—

4. *Convulsions Occurring soon after Delivery.*—Case. I attended this case when a student, and abbreviate it from my note-book. The patient was 30 years old. Has had six children. The present labor was natural and speedy, and completed at 9 P. M. At 4 A. M. next day was seized with something like cramp of the stomach, and immediately went into convulsions. I saw her about 11 A. M., and learned that the convulsions had recurred about every half hour; patient totally unconscious, and continually tossing the arms about, with general restlessness; constant moaning; eyes closed. Prescribed ten leeches to the temples, and a dose of calomel. Two hours subsequently, visited her again, in company with my preceptor, and found the patient in a worse condition; pupils more dilated; lower jaw fallen; skin hot; pulse frequent and strong; tossing of the arms abated; leeches have bled freely. Venesection to ℥xij. When this amount of blood had been abstracted, a convulsion occurred. It lasted about a minute, and having ceased, the bleeding was continued to ℥xvj more, when the pulse became frequent and small, and some

consciousness was manifested. To have a blister on the back of the neck. Next morning she was fully conscious, and recognized her friends, but had no knowledge of anything that had transpired. In two more days she was sitting up.

Remarks.—This case occurred over forty years ago, and in the palmy days of the lancet, and the treatment would now probably be regarded by many as altogether too heroic; but I very much doubt whether any could be substituted for it that would be attended by as decided and speedy good result. Of course, the treatment is based on the supposition that the convulsions are connected with a congested condition of the cerebral vessels, and that depletion affords a speedy relief to such a condition.

As I believe in reporting the dark as well as the bright side of our experience, I will add, with the permission of Dr. Halbert, another case, which did not terminate so happily as the above.

Case 2.—June 2d, 1872, 4 P. M., visited, in consultation with Dr. Halbert, Mrs. E., aged about 30, and who, as I was informed, had been delivered of her first child seven or eight days previously. Labor natural, and patient seemed to be doing pretty well until to day, although complaint had been made of considerable headache. The patient is of a nervous temperament, yet well developed, and had grown considerably fleshy during pregnancy. Bowels rather constipated, for which has taken physic once or twice; secretion of milk about normal; lochia almost ceased. A few hours ago was seized with a convulsion, and about two hours afterward was seen by Dr. Halbert, who has been allowing the patient to inhale chloroform at intervals, whenever twitchings and rolling of the eyes seemed to threaten another fit. Patient is conscious, and answers questions correctly, stating that she has severe pain in the head; tongue considerably coated; face appears full and congested; pulse not particularly full or strong. In view of the coated state of the tongue, and the suspicion that the bowels had not been properly evacuated, it was agreed to give ten grains of calomel, to be followed by ol ricini; cold to the head, and sinapisms to the extremities. Dr. Halbert to remain, and in case of return of convulsion to bleed immediately. Next morning (June 3d) I visited the patient in Dr. Halbert's absence, and learned that soon after I left last evening she had another convulsion, and that the Doctor bled her, and that she has been unconscious most of the time since then; bowels have moved two or three times. Patient is now unconscious, restless, tossing around, and moans occasionally; face full, and of a darkish color; eyeballs prominent, and pupils rather dilated; no answer to questions. I removed about ℥xvj more blood, with the effect of rendering the face paler, and allaying the jactitation, but without any restoration of consciousness. Ordered blisters to the extremities. I did not see the patient again, but Dr. Halbert informed me that she lived about forty-eight hours, continuing unconscious and gradually sinking. I may state that I tested the urine, but found no indication of albumen.

Remarks.—This patient was well known to both Dr. Halbert and myself, and the nervous element in her constitution was well understood by both of us, and deceived by this, we were led to the adoption of an inefficient treatment until it was too late. The patient, although nervous, was of a full habit of body, and had grown fleshy, as it is termed, during pregnancy, and was doubtless suffering from plethora, and would have been benefited, and probably her life saved, by a free bleeding toward the close of pregnancy. And then, as we can see it now, when it is too late, she ought to have been bled after delivery, and before the occurrence of convulsions, in view of the persistent pain in the head, and her plethoric habit of body; and then, lastly, she ought to have been bled copiously as soon as seen by Dr. Halbert. The right remedy came too late, and ere its adoption irremediable damage had been inflicted on the brain.

With a few general remarks on the treatment of this disease, I will now conclude this already too lengthy paper. The conflict in relation to the treatment of these convulsions is as respects depletion on the one hand, and antispasmodics, such as chloroform, chloral hydrate, etc., on the other. Dr. Duncan, in the clinical lecture already referred to, sums up the treatment by stating "that each case must be treated on its own merits. The most important object is to empty the uterus; but even in this great discretion is necessary: and if labor be only commencing, forcible delivery should only be performed if the symptoms are becoming desperate; *i. e.*, if the fits become more frequent and severe, and especially if the patient becomes

paler and more cyanotic, her breathing shallower, and the coma more profound. It is well to get a free evacuation from the bowels, and the urine should be drawn off and examined. Bleeding is only useful to tide over a crisis; it often produces great temporary relief, but if the cause of the malady be still present, the improvement may be but of short duration. Chloroform and chloral are sometimes useful, but occasionally appear to do harm; and if respiration be imperfect and much cyanosis be present, chloroform must be used with great caution." The lecture from which the above is extracted is dated April 21st, 1875, and being by one of the most eminent obstetricians of the day, it may therefore be deemed as the latest authority on the subject; and yet, with all due deference and respect for so distinguished a physician and teacher as Dr. Duncan, how indefinite it seems to be. The sum and substance of it is that you may do just about as you please: you can bleed if you think best; it is useful to tide over a crisis; you can give chloroform and chloral; they are sometimes useful, but occasionally appear to do harm. Now, if this is the best that can be said on the subject, so let it be; but it is my object, gentlemen, in writing this paper, and presenting it to your notice, to attain, if possible, to a sharper and more decided mode of treatment than this presented by Dr. Matthews Duncan. What, I would ask, is the organ chiefly and most importantly implicated in this disease, and from the affection of which, if it proves fatal, the patient dies? Do not all the symptoms in the cases which have been presented, and in many others that might be adduced, point clearly to an overloaded or congested condition of the cerebral vessels? What does the comatose condition into which the patient most commonly lapses after the first convulsion indicate? Do we not ordinarily regard unconsciousness and coma as evidences of an oppressed brain, either from congestion of vessels, or sanguineous or serous effusion? And why should the same not hold good in the disease under consideration? So far as I know, the cases which end fatally sink into coma and die in this condition, affording satisfactory evidence, I think, that it is from injury to the brain, whatever the nature of that injury may be, that these patients die. In the only two post-mortems of this affection that I remember to have witnessed, in the one there was found a large effusion of blood into the lateral ventricles, and in the other there was observed extravasation of blood on the surface of the brain, as also in the substance of the same. And here I would take the opportunity of recommending to the members of the Society to secure, where possible, post-mortems of fatal cases of this disease, for it is only in this way that a precise knowledge can be attained as to the cause of death in these cases, and through this knowledge of a sound and well-defined treatment. Further, and this is a point to which I would particularly direct the attention of the Society, there is that in the simple act of the convulsion itself, without any reference to its cause, which, in my judgment, tends to favor congestion of the brain, and, where the convulsions are often repeated, leads to irremediable injury of the brain. Who that has witnessed one of these frightful puerperal convulsions, and observed the bloated and almost livid countenance, but must be willing to admit that there must be a fearful strain upon the cerebral vessels, and upon the delicate organization of the brain, and that it is no wonder that the vessels give way, or that the texture of the brain is lacerated. Is it any wonder that after one or more of such convulsions the patient should sink into coma, and die so, unless relieved by treatment? I can compare these convulsions to nothing better than so many successive strangulations, and I suppose the glottis is closed for a time, and the patient truly asphyxiated. I maintain, therefore, that the very act of convulsion itself, irrespective of its cause, tends to induce a condition of the brain in which bleeding may afford speedy and great relief. In illustration of this, I may state, the case being abbreviated from my note-book, that many years ago I was called to a little girl, four years old, who I was informed had been in convulsions at intervals during eleven hours. I found the child perfectly unconscious, and she had been so, they stated, since the first convulsion. The muscles of the face are principally affected at present, but the convulsions are general, and violent at intervals; skin hot; face pale; pupils rather contracted; carotids beat strongly; external jugular veins full; frequent vomiting. The external jugular vein was immediately opened, and the blood flowing rapidly in a full stream, two small teacupfuls were obtained very quickly. The patient seemed quite faint, and vomited. No more convulsions. It was two or three hours before consciousness was

restored. Calomel, followed by compound senna mixture, was prescribed. Next morning the patient was sitting up, and apparently well, only weak. Bowels moved, and two or three lumbrici discharged. The blood in the first cup was buffed and cupped; in the second it appeared natural.

Remarks.—The convulsions in this case might have been induced by worms. I care not for that. The child had experienced many of them, was entirely unconscious, and was evidently suffering from oppressed brain, the result of congestion, or over-fullness of the cerebral vessels; and, although the practice may now seem very heroic, and of the San Grado style, there can be no doubt that the loss of blood afforded almost immediate relief to the brain, arrested the convulsions, probably prevented inflammatory action with its disastrous results, and placed the patient in a condition of comparative safety. My opinion, then, is that, in these cases, there is an overloaded condition of the cerebral vessels, a congestion, and that the organ in an especial manner implicated, and injury to which, if the case prove fatal, death may be attributed, is the brain, and that our attention should be directed, in a particular manner, to the relief of this organ, and the prevention of irreparable damage to it. Save the brain, and you save the patient's life, would be my doctrine. To accomplish this, bleeding does not, in my humble opinion, take the subordinate place which Dr. Duncan assigns to it, does not simply "tide over a crisis," but is emphatically the remedy, the sheet-anchor, by the means of which, timely and rightly employed, we are not only to tide the patient over the wave of death, but to save her from being engulfed thereby; and if our bleeding is not attended with success, I should be disposed to assign as the reason, that it was not practiced early enough, and freely enough. A few ounces will not suffice in these cases; we must remove enough to produce a decided impression on the system, and not hesitate to repeat the operation, if the symptoms demand it.

There is an interesting case of puerperal convulsions in the last volume of the New York State *Transactions*, illustrating and confirming this. The patient was bled to thirty-two ounces, and as her arm afterward got to bleeding, her physician states that probably sixteen ounces more were lost. She had only one more slight convulsion, and made a good recovery. Urine highly albuminous. I think there are probably cases where the very first convulsion occasions, or is attended by, irreparable injury to the brain, and no subsequent treatment will avail anything. Why, allow me to ask, should we be afraid of depletion? The temporary debility resulting therefrom is not worthy of a moment's consideration when compared with the saving of life; and if there is any danger, in my judgment, it will arise from our not bleeding early enough and copiously enough. Next to ample depletion, I should place most reliance on a speedy and full action on the bowels, with diuretics, especially acetate of potash, and counter-irritation, such as a blister to the nape of the neck. I must leave it to others to proclaim the virtues of chloroform, chloral, etc., for I have really had very little experience in their use, and until further enlightened, I must, to adopt the expression which has become so celebrated, continue to fight it out on this line.

A CASE OF SENILE CATARACT OF TEN YEARS' DURATION IN A LADY EIGHTY-SIX YEARS OF AGE.

BY THOMAS HAY, M. D.,
Of Philadelphia.

Mrs. C. R., aged eighty-six, has had cataract in both eyes for ten years. It began almost simultaneously in each eye, about eleven years ago, advancing more in the right than in the left. For the past ten years she has not been able to recognize persons and surrounding objects, but with the left eye is conscious of shadows.

The old lady's health is most excellent, and her nutrition is good. Five years ago she wished the operation performed, but at that time she was suffering from subacute articular rheumatism, and I decided to give up all expectation of operating, till she called upon me in December, 1875.

The case is of particular interest, not only on account of the age of the patient, but more especially by reason of the disadvantageous and adverse conditions occurring during and immediately after the operation, the rapid and speedy healing of the parts without a single unfavorable symptom, and the resulting good sight.

On the 15th of December, 1875, I operated on the right eye by Graefe's method, assisted

by my friends, Drs. Meisenhelder and Garver, with the patient in a state of complete anæsthesia, the pupil having been previously dilated to its fullest extent with atropia sulph., six grains to the ounce of distilled water. The pupil did not respond well to the atropia, and dilatation was not complete, nor satisfactory. The cornea being small, and the nucleus large and hard, I made the incision well into the sclerotic, with the points of puncture and counter-puncture lower than usual, and with a large conjunctival flap, being more willing to run the risk of iridocyclitis than to make the incision encroach upon the cornea and incur the danger of suppurative corneitis. The section was satisfactorily made, but as the conjunctival flap was finished the aqueous escaped suddenly in a gush, and the pupil contracted to the extremest degree. I made the iridectomy readily, but the contraction of the pupil continuing made laceration of the capsule, which was thick and tough, difficult. The unyielding pupil was a great obstacle to the removal of the lens. The most cautious backward and upward pressure dislocated it downward and backward into the vitreous, with escape of the latter. Three different attempts to bring it within the lips of the incision were unsuccessfully made, with the further loss of more or less vitreous; and with the wire loop introduced into the posterior chamber I was equally unsuccessful in engaging it. After two efforts it was laid aside, and, with the tortoise scoop, pressure was made on the lower part of the globe, as far back as possible, in an upward and forward direction, and the nucleus, finally ascending, passed through the pupil into the anterior chamber, and up through the incision, without further loss of vitreous. The escape of the nucleus, however, was followed by complete wrinkling and collapse of the cornea. The edges of the section were carefully adjusted, and the conjunctival flap was brought into place. No suture was used. Both eyes were closed with a strip of adhesive plaster, and bandaged with moderate compression. In this condition they were kept for two days (no unpleasant symptom having appeared), except that the compress and bandage were changed twice in twenty-four hours, the adhesive strips remaining till the end of the second day, when they were removed and the eye cleansed. At this period the patient was directed not to open her eyes, but she did it at an opportune moment when my back was turned, and when remonstrated with, said, "I only wanted to see;" "I am all right." After the second day atropia was instilled into the eye for the three succeeding days. The case progressed well, and on the third day the eye was examined, when it was found that the incision was firmly and evenly united, and the humors of the eye had reaccumulated, the eye presenting a fine, healthy appearance. The patient counted the fingers of the uplifted hand. Not an unpleasant symptom followed, and at the end of the fifth day all dressings were removed, a screen was substituted, and the patient sat up out of bed in a darkened room. No further attention was required; the eye was gradually exposed to the light, and at the end of four weeks the patient walked out and the screen was dispensed with. Three months after the operation glasses $+\frac{1}{4}$ for distance were given, with which V $=\frac{1}{10}$. Never could read well, and the patient did not wish glasses for near work. At the present writing, seven months after the operation, the patient is enjoying her usual good health; walks about her house and into her garden unaided, and for all practical purposes her sight is perfect. The case presents remarkable recuperative power, and it is rare to meet with the same in cataract operations even in younger persons.

Medical Societies.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

Friday, April 14th, 1876, the President, Dr. Charles K. Mills, in the chair.

Local Spasm.

Dr. Charles K. Mills read a paper on *Local Spasm*, of which the following is an abstract:—

Local spasmodic affections are among the most interesting, and, at the same time, the most obscure disorders which the physician is called upon to diagnose and treat. They are sufficiently common to demand more attention than they have hitherto received from authors and teachers.

Under the head of local spasm might be included such diseases and conditions as mimic spasm of the face, or tic convulsif; spastic torticollis, or spasm in the region of the spinal accessory nerve of Willis; spasmodic movements of the ears and eyes, and their appendages; mogigraphia, or scrivener's spasm; carpopedal contractions or spasms; spasm of various muscles of the extremities, such, for instance, as those which produce certain varie-

ties of club-foot. Spasm of the glottis, or laryngismus stridulus, might also be embraced under the same class.

A case of mimic spasm was mentioned which involved both sides of the face—a somewhat rare occurrence. The grimaces were intermittent, sometimes not occurring for hours, or even days. They were chiefly confined to the muscles of the lower part of the face. The disorder came on suddenly, after fatigue.

A highly interesting case of spasmodic torticollis was given in detail. The patient was a young man, single, and by occupation a printer. He had been sick in bed for two weeks, his chief symptoms being vomiting, pain in the abdomen, and constipation. On getting out of bed he noticed a spasmodic jerking of his head toward the right, which grew worse daily, and was aggravated by any mental excitement or physical exertion. The spasm eventually became violent and constant, causing great pain, and preventing the patient from feeding and clothing himself. The sterno-cleido-mastoid and trapezius muscles of the side opposite to that to which the face was drawn were affected; the reason of this being obvious from a study of the action of these muscles. The spinal accessory nerve supplies both of these muscles. Three years before coming under observation the patient contracted primary syphilis, but he had had no secondary symptoms. When first seen he was suffering from gleet, which he got rid of under appropriate treatment. When about ten years old he had an attack of what his father called "neuralgia of the brain." He had great pain in his head, and here and there all over his body. For four weeks he lost all control over his limbs, acting, from description, like an aggravated case of chorea. Many remedies were tried, in vain, in this case. He was placed upon iodide of potassium, in large doses, and tonics; nitrite of amyl was used; hypodermic injections of sulphate of atropia were thrown into the affected muscles, the treatment being boldly pushed; Calabar bean was also well tested; wet cups were applied to the back of the head and neck; faradization and galvanization were employed, but were not given an extensive trial; the latter gave temporary relief. Finally, after several months of unsuccessful treatment, the spasm began to get better under the use of the actual cautery, and the internal administration of the bichloride of mercury and the iodide of potassium. Superficial burns were made over the cervical spinal region, and over the muscles involved in the spasm.

Spasmodic movements of the ear are rare. Romberg reports a case in which the auricular branch of the facial was involved, and in which repeated fits of twitching of the ear set in daily, during which the ears were drawn up and down for fifteen minutes at a time (Niemeyer).

Dr. Mills reported an interesting case of this kind in the Philadelphia *Medical Times* for March 27th, 1875. The patient was a schoolgirl, aged 15, who had an insane sister. She had slight choreic movements of the right side of the body. Two months before applying for treatment, her right ear began to twitch, or move up and down. The movement was quite peculiar. It continued nearly all the time, even when the patient's attention was not directed to the part, according to the statements of her mother. The attolens aurem, or superior auricular muscle, whose office is the elevation of the ear, and which, with the other extrinsic muscles of the ear, generally has no active vocation in the human species, although important in some of the lower animals, was energetically brought into play in this case. Sometimes the up and down movement of the ear was slow, sometimes rapid. The act seemed to be partially under the control of the will. By a strong effort, the left ear could also be moved very slightly in the same direction. The movement did not continue during sleep. Under arsenical and iron treatment the general health of this patient was restored. The local spasmodic affection was much improved, but not cured. The local and hypodermic use of belladonna were unavailing.

Spasmodic twitchings of the eyes or eyelids are not uncommon. "Snapping of the eyes" is a spasmodic affection. Spasm of the orbicularis palpebrarum is sometimes observed. The term *nictitatio* is applied to the rapid opening and shutting of the eye; while the rigid closure of the lids is known as *blepharospasmus*. These spasmodic disorders of the eye are sometimes benefited by galvanization and faradization.

Scrivener's spasm or cramp is an affection somewhat frequently met with among authors, book-keepers, and others who live by the use of the pen. Various shades of this disorder are seen. Sometimes the writer simply has a feeling of fatigue in the hand, or of insecurity in holding the pen. In the severer forms of the spasm, violent convulsive movements of the thumb and fingers are observed. The use of hard steel pens is supposed to favor the development of this variety of spasm. In these cases the muscles are capable of performing all other movements except those involved in writing. Disorders, very similar in nature to writer's spasm, are mentioned in the books. Romberg relates the case of a blacksmith, whose arm became affected with spasm whenever he attempted to use a hammer, but who had no difficulty in doing other work with the same arm.

Cases of "cobbler's spasm," "milker's spasm," etc., are also reported. The following curious and interesting case, which had fallen under the notice of the writer, might perhaps be termed "weaver's spasm."

The patient was a native of England, 48 years of age, married, and by trade a hand-loom weaver. For two years his left arm and hand had seemed to be getting weaker and weaker; and for two months before coming under observation he had not been able to work, because of "cramping" of his hand and fingers,

which were nearly all the time in a state of tremulous or spasmodic motion. The movements somewhat resembled those used in performing on a piano. The fingers of the left hand would flex, against his will, and he could not extend them, except by force, with the other hand, or by a persistent and painful effort. He suffered considerable pain, chiefly in the wrist. In his regular occupation of weaving, he threw the shuttle many thousand times a day, and he thought that his work might have had something to do with bringing on the spasm. He had never, however, heard of any other hand-loom weaver being similarly affected. He denied venereal taint. Atropia, mercury, nitrite of amyl, and other remedies were used, without success. Galvanization, with a direct current, would temporarily check the movements.

The spasms which are known as "carpopedal contractions" are most commonly observed in children under three years of age. They are sometimes periodical in their occurrence. They will not be present for days or weeks, and then will recur, and continue for an uncertain time. They do not generally seem to be associated with pain, although forcible attempts to restore the parts to their normal positions appear to cause suffering in the patients. In these cases the thumb may be flexed across the palm, and the fingers bent over it, or the entire hand may be bent upon the wrist. If the spasms are in the lower extremity, the toes may be doubled inwardly, and the foot extended.

Some cases of non-congenital club-foot are doubtless due to muscular spasm, which has been improperly or unsuccessfully treated.

Spasm of the glottis, or laryngismus stridulus, is generally acknowledged to be a purely nervous affection. It is sometimes associated with spasm in other parts of the body, or with general tremor or convulsions. The symptoms of this disease are well known to the general practitioner, and need not be here recalled. The absence of pain, cough, hoarseness, and fever, are negative features, which assist in distinguishing it from croup. Beard and Rockwell recommend general faradization and galvanization of the sympathetic, and external galvanization and faradization of the larynx, in the treatment of this disease. They quote Tobold, who reports success with peripheral and central galvanization. A strong maiden, 23 years of age, who was attacked regularly every night with severe spasm of the larynx, was entirely cured in four weeks by galvanization.

The etiology and pathogeny of local spasm are obscure, although many hypotheses have been advanced to account for different cases. "The terms cramp, spasm, and hypercinesis," says Niemeyer, "are applied to certain morbid conditions in which excitement of the motor nerves is produced by an irritant of unusual, and, generally speaking, of unknown origin, and entirely independent of the volition, or else to a condition in which the action of an ordinary stimulus calls forth an excitement of extraordinary extent and violence in the motor tract. It is impossible in the present state of science to classify spasms according to the kind of irritant which gives rise to the nervous excitement, or according to the region in which the irritant operates. Spasms (local) are the result of a variety of causes, and often of unknown causes; and although in some instances the affection is confined to the province of a single motor nerve, yet we are not at all certain that it proceeds from direct irritation of the fibres of that nerve."

In order to understand local muscular spasm, we must have a clear idea of the property of muscular contractility. This muscular contractility is one of the forms of the so-called intrinsic self-movement, or spontaneous action in men and animals. It is spoken of by most physiologists as a vital property, and is distinguished by them from elasticity, which they consider a physical property. It is doubtful whether the difference between these two properties is as great as vitalists would have us believe.

The views in regard to the cause of muscular contractility might be classified under two general heads:—1. That muscular contractility is not inherent, but is dependent upon or derived from the nerves contained in the muscle. 2. That muscular contractility is a special property of the muscle itself, and is inherent in it. The weight of evidence seems to be in favor of the latter doctrine.

The generally received opinion among physiologists and physicians is that contraction is the active, and relaxation the passive condition of muscular fibre. Dr. Charles Bland Radcliffe has advanced a theory which is directly the opposite to this. According to him, the state of elongation should be regarded as the active condition of muscular tissue, and that of contraction as the passive condition, or state of rest. Radcliffe's views afford a rational explanation of some of the otherwise incomprehensible cases of local spasm. In order to thoroughly understand these views, it is necessary to be acquainted with the facts in regard to animal electricity, which have been established by such investigators as Galvani, Aldini, Valli, Humboldt, Muller, Nobili, Mattenci, Du Bois-Reymond, Eckhard, Chauveau, and Golding Bird.

The actual existence of electricity in the body has been demonstrated beyond cavil. In the normal condition of nerve and muscle, electrical currents circulate from the interior toward the exterior of these tissues, from a transverse toward a longitudinal section, from the ends to the sides of the fibres.

The electrical actions are going on properly in a muscle in its natural and healthy condition, of relaxation. Elongation, and not contraction is the chief peculiarity of the muscle. "Muscular elongation is coincident with the presence of electrical action in muscle and nerve, and that muscular contraction is coincident with the absence of this action. It would seem to

be no improbable idea that there is a state of polarity in living muscle during relaxation which produces relaxation, and that contraction is nothing more than the necessary result of the muscle being liberated from this state, and left to the operation of the attractive force which is inherent in the physical constitution of the muscular molecules."

It can be experimentally demonstrated that when rigor mortis is established, the muscular and nerve currents of electricity are absent. As long as these currents are present rigor mortis cannot exist.

In ordinary muscular contraction or spasm, the muscular and nerve currents are diminished or changed in some way, the alteration being similar in kind to that which takes place in rigor mortis.

It is probable that in many cases of local spasm no primary lesion could be discovered. The electrical relations of the muscles affected are disturbed.

The treatment of local spasmodic affections is usually unsatisfactory. The general health of the patient should be built up. In most, if not all, such cases, we have evidences of under-action of the circulation, and a depressed nervous condition. Tonics and nourishment seem to be generally indicated. Phosphorus, quinine, iron, cod-liver oil, and similar articles may be employed. Any local cause of reflex disorder should be removed. Much success does not seem to attend the hypodermic use of atropia, although it is worthy of trial, and sometimes acts beneficially. Galvanism should be thoroughly tried in conjunction with internal measures. The natural currents of nerve or muscle may be strengthened or weakened by a continuous galvanic current. Weak currents and long séances are probably the best. Temporary relief of the spasm is almost invariably produced by the use of galvanism. Galvanic chains and belts, by means of which mild currents of electricity could be kept up constantly on the part affected with spasm, would seem to be a rational plan of treatment. The actual cautery applied superficially over the affected muscles, or over the spinal centres, acts sometimes with surprising promptness in the relief of the pain and spasm.

Dr. S. Updegrove, at the conclusion of Dr. Mills' paper, related a case of local spasm in which the chin was drawn forcibly down to the breast. The spasm in this case was relieved by anæsthesia, but returned again a few hours later.

Dr. S. R. Knight, of the Episcopal Hospital, related the following case as one of interest in connection with the general subject of spasm or convulsion:—

C. M., aged 50, was admitted into the Episcopal Hospital with fistula in ano, which had made its appearance three years before he applied for treatment. At first the fistula was quite small, but it had gradually got worse, and at the date of his admission several large fistulous openings were found leading to the rectum. The patient never had a convulsion before he acquired the fistula, but seven or eight months after its development epileptiform seizures made their appearance. He averaged about three convulsions a month. Each seizure was preceded by an aura, which began by a sensation of irritation in the seat of the fistula, and was rapidly followed by a very dull pain over the frontal region, this pain being suddenly succeeded by the convulsion, which was very violent in character. He was operated on successfully nine weeks ago, and has had no convulsions since. He was under treatment altogether seventy days, in charge of Dr. John Ashhurst, Jr., assisted by Drs. Rudderow and Ziegler.

Dr. Knight also reported the following case of torticollis:—

J. E., aged 10, had been playing in a haymow, became overheated, and lay down in the open air and went to sleep. On awakening he found that he had a stiff or wry-neck. He was at first treated by a "homœopath," who pronounced the case one of great importance, declaring that the boy's "spinal marrow was running out of his backbone." Dr. Knight prescribed alkaline remedies, and employed galvanism, and the boy speedily recovered, notwithstanding the diagnosis of the homœopathist.

Dr. S. D. Risley spoke of a case of torticollis that fell under his notice. The patient and her relatives said that she had been cured by wearing an "electric chain" around her neck; but he did not know how much reliance to place upon the statement.

Dr. Risley also called attention to cases in which he had known convulsions to be caused by ophthalmoscopic examinations.

Dr. James B. Walker said that he had always regarded galvanic "garters," "chains," etc., as humbugs; but he supposed that they might have a legitimate use, if the hypotheses advocated by Dr. Mills could be established.

Dr. Mills said that with him, as with Dr. Radcliffe, one of the strongest arguments in favor of the electrical theory of muscular motion was the fact that the theory was a step toward the corroboration of the doctrine of the correlation of physical and vital forces.

Measles in Dogs.

At a meeting of the London Epidemiological Society, there was very conclusive proof submitted by Dr. Squire of the conveyance of measles from man to the dog. A dog licked the hands of a child in bed with the rash of measles at its height. The dog sickened on the twelfth day, suffered from coryza two days, and died on the fourth day of illness, with most characteristic congestion of the throat and air-passages. The dog had gone through distemper four years before; a proof that the usual form of distemper in dogs is not measles.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Significance of an Unruptured Hymen in Pregnant Women.

This subject has been studied by Prof. Gustav Braun, of Vienna, in the *Wiener Med. Wochenschrift.*

The following are the conclusions at which Prof Braun arrives:—1. An unruptured condition of the hymen cannot alone be regarded as a sign of virginity. 2. The hymen may possess so much elasticity that a not very voluminous organ may penetrate the aperture without leaving any trace of its presence in the vagina, so that the individual may be regarded as a virgin in the anatomical but not in the gynecological sense, as shown in the second case. 3. Various cases show that for impregnation to be produced it is not requisite that penetration of the vagina should take place, the deposition of the semen within the vulva being sufficient. 4. The accumulated blood seems to be more favorably discharged by spontaneous openings than by operative procedure. 5. The same case shows that an *error loci* may occur, the urethra taking the place of the vagina as a channel for copulation. 6. An imperforate hymen cannot be regarded as a preventive of delivery.

Two of his cases are as follows:—

A girl fifteen or sixteen years old was brought to Dr. Braun for his opinion concerning a supposed dropsical or ovarian affection. He found by external examination that she was at her full time of pregnancy; but on attempting a per vaginam examination, he discovered that, with the exception of an aperture as large as a goose-quill, the hymen was closed. Exploration by the rectum enabled the child's head to be felt. On a more exact examination being made, it was found possible to pass the index-finger through the small aperture to a distance of about six centimetres without causing any pain. After its withdrawal, the circular duplicature closed up again, just as a caoutchouc ring would, leaving the aperture in its original form and size. The girl confessed to only one, and that a very imperfect, attempt at sexual intercourse; and her statement was believed by Dr. Braun as highly probable. A few weeks afterward he was sent for to deliver the patient, and found everything proceed regularly, the hymen gradually giving way before the passage of the head. After recovery only some small carunculæ myrtiformes were discoverable.

A girl, about sixteen years old, was sent to Dr. Braun for his opinion, accompanied by a young man of eighteen or nineteen. She desired to know why her abdomen had so increased in size, she being quite well. External examination was sufficient to establish her pregnancy, and as she had a completely virginal vulva, this was confirmed by feeling the child's head through the rectum. She and her companion received the news with utter incredulity, and denied the possibility. On questioning them, however, Dr. Braun found out that there had once been imperfect intercourse. A few weeks afterward she was delivered of a full-timed child; but as in the meantime she had been married, the author had no means of witnessing the effects of delivery on the hymen.

Treatment of Excoriations of the Os Uteri.

In the Dublin *Journal of Medical Science*, Dr. Halton gives a number of cases, and says, on their therapeutics:—

The treatment adopted was that which has had its origin in the Dublin School,* and which has, notwithstanding considerable opposition from other quarters—opposition which, it may be remarked, sometimes overstepped the boundary of politeness or even of pathological good sense—gradually obtained the approval of the majority of the profession. It consisted in reducing local congestion by local means and touching the excoriated surface with the strong nitric acid. This was always carried into the cervix when that appeared diseased, and the acid brought in contact with the whole surface of the canal, and even to the fundus if necessary.† It never gave rise to the slightest symptom of danger or distress, and in the vast majority of instances was altogether unfelt. When pain did occur, its amount was so trifling as to attract little notice from either the patient or physician. Astringent injections were found to be of little use, and whether this was from the patient's awkwardness in managing them or not, they have been latterly dispensed with altogether, and their place supplied by the tannin, pessary, or bougie, placed in contact with the os or introduced into the canal. The skin of the abdomen has been leeched or blistered, as seemed most suitable, over the tender spot in the region of the ovary, with very marked benefit. When much leucorrhœa was present, small blisters to the sacrum were found serviceable, while ergot and Indian hemp were useful internally, particularly when hemorrhage was present, but, undoubtedly, the most generally effective drugs were strychnine, in small doses, in combination with dilute

* Ringland.—Kidd. *Dub. Journ. Med. Science*, Feb., 1869.

† It is by no means necessary in all cases to dilate the os before touching the interior of the uterus with nitric acid. In many cases where this becomes necessary, the canal of the cervix is sufficiently patulous to admit the stilette covered with cotton-wool soaked in this agent.

nitric acid. To these was added some form of tonic, and if local treatment was from any cause inadmissible, this mixture, I think, would afford the best chance of relief. The following is the formula used:—

R.	Liquor of strychnine,	ʒiss
	Dilute nitric acid,	ʒij
	Tincture of gentian,	ʒss
	Hoffman's liquor,	ʒiij
	Aqua, q. s.	ʒviij. M.

The dose is one tablespoonful thrice daily, before meals. If pyrosis is present, which it sometimes is, even in our tea-drinking peasantry, a drachm and a half of sedative liquor of opium added to the above for a week or two, taking care to regulate the bowels with suitable aperients, will be found serviceable. In the directions it was not considered advisable to interfere with marital relations, except in case of serious hemorrhage, and while the value of exercise and fresh air was sufficiently impressed, they were enjoined to avoid standing or kneeling as much as possible.

Kaolin in Gleet.

This substance, first commended in gleet by Dr. Godon, of New York, is highly extolled in the *Medical Times and Gazette*, by Mr. John Chiene, of the Edinburgh Royal Infirmary. He writes:—Since the beginning of 1875 I have given it a trial in every case of gleet, after having satisfied myself that the discharge was not due to stricture. At first I used it only in intractable cases; latterly I have used it in every case of gonorrhœa after the acute stage has subsided. The result has been satisfactory in the majority of cases. In some the rapidity of the cure has been very marked; in only one case has any evil consequence followed, the patient using an impure preparation, which hardened in the urethra, and was removed with difficulty. I have not used it in the acute stage of the disease, and have never injected more than sufficient to fill the urethra anterior to the triangular ligament. In those cases in which no good result has followed its use, I believe the source of the discharge was in the posterior part of the urethra.

It may, even in such cases, if sufficient quantity is injected to fill the whole urethra, do good, but I have always feared to use it in case some of the injection passed back into the bladder, and, being retained, might act as a nucleus for calculus. The fear may be groundless, but it has hitherto prevented me from adopting it. I beg, however, strongly to recommend it in gleet caused by inflammation of the anterior part of the urethra.

The kaolin is mixed with water, or with oil and water, so as to make a very thick paste, which is placed in the glass syringe, and injected very slowly into the urethra night and morning, after micturition; a piece of lint is then placed over the meatus, and the prepuce drawn forward to keep the lint in position. The kaolin at the meatus soon dries, and the plug of kaolin remains in the urethra. It is retained with difficulty during the day, but at night there is no difficulty if the case is chronic, and the injection be performed very gradually.

The good effects are undoubted: the true explanation of its action may be questioned. It may simply act as an antiseptic, as stated by Dr. Godon; in my opinion, however, there are some grounds for supposing that it acts mechanically. I have used it with great advantage in balanitis and in soft chancres with phimosis.

Prophylaxis in Enlarged Tonsils.

In a paper in the American *Journal of Obstetrics*, Dr. Robinson states that in the prophylactic treatment of chronic enlargement of the tonsils in children, he attaches great importance to the habit of *cold* bathing. The feet should be kept warm and dry, and he thinks the following rules should be impressed on all mothers and nurses in charge of children:—1. Not to keep the nursery at a too high temperature, and always to have a basin, pitcher, or bucketful of fresh, pure water, with the surface exposed to the air, contained in the room. 2. Not to allow children to approach a fireplace or register, immediately upon entering or leaving a house. 3. Not to keep extra wraps on their little charges, when at home, a moment longer than is absolutely essential.

Reviews and Book Notices.

BOOK NOTICES.

A Practical Treatise on Diseases of the Eye. By Robert Brudenell Carter, F. R. C. S., etc. With one Hundred and Twenty-four Illustrations. Edited, with Editions and Test Types, by John Green, M. D. Philadelphia, H. C. Lea, 1876. Cloth, 8vo. pp. 504.

Few English ophthalmologists have a higher position than Mr. Carter. He has been, for a number of years, ophthalmic surgeon to Guy's Hospital, and is the Hunterian professor of surgery and pathology to the Royal College of Surgeons of England. In the present work he has endeavored to write a treatise on his specialty; not for specialists, but for the general practitioner. Therefore he has written briefly of the rare maladies, in order to devote greater space to the more frequent ones. Commencing with the anatomy and physiology of the eye, he proceeds to lay down the rules for its examination, going on to speak more particularly of the

ophthalmoscope, to which he devotes a careful chapter.

His classification of diseases is the anatomical one. Beginning with the eyelids and lachrymal apparatus, he describes next the diseases of the conjunctiva, the cornea, the iris, cataract, glaucoma, of the fundus oculi, and then injuries and squints. A closing chapter on the use and selection of spectacles is particularly practical.

The American editor, Dr. Green, of St. Louis, has done his work with care and judgment. His additions add to the value of the book, and the corrections he has made, though not numerous, rectify some oversights of the author, such as are apt to occur in a first edition.

A Manual of Percussion and Auscultation; of the Physical Diagnosis of Diseases of the Lungs and Breast, and of Thoracic Aneurism, etc. By Austin Flint, M. D., etc. Philadelphia, H. C. Lea, 1876. Small 8vo, pp. 255.

This manual, from so experienced a pen as that of its author, could not be otherwise than concise, clear and practical. It is all these; and to the student, or the practitioner who is something rusty on the "physical signs," it will prove just the book he wants. The title sets forth its contents almost sufficiently. We may add, however, that the author proceeds by describing and comparing, in the earlier chapters, auscultation and percussion in health and then in disease. The diagnosis is then given, under the headings of the diseases, instead of under the signs themselves. The chapter on thoracic aneurism is a very able summary of the relations of this obscure and serious complaint.

NOTES ON CURRENT MEDICAL LITERATURE.

——Wire Ligature in the Treatment of Ununited Fractures. By William A. Byrd, M. D. This is an interesting compendium of operations with the metallic thread in cases of false or imperfect union of bones. The author borrows liberally from Bigelow, Gross, Packard and Eve, and to the history thus built up subjoins a single case of resection where he (Byrd) wired the fragments. This method is a testimonial to the conservatism that enters into the surgery of the day, and will, it is hoped, be popularized speedily to the destruction of deformities in continuity.

——The Sanitary Powers of the Iron Springs of Schwalbach. By Dr. Birnbaum. Berlin, 1876. This balneological treatise propagates the discoveries made as to the remedial character of the baths and spa of Schwalbach. Dr. B., unconsciously, perhaps, to himself, perpetrates a fallacy of argument which all venders of mineral waters repeat. A petitio principii is easily found. It is reasoned that these waters, as they contain iron, will cure every gripe and weakness.

—— Perinephritic Abscess in Children. By V. P. Gibney, M. D., New York. The writer tickles his pride with the persuasion that he is among the first—the second—to differentiate this disease in children, and confirms his title to this honor by an abstract of nine cases, a number exceeding the experience of others, which came under his eye. The real difficulty in the diagnoses seems to have been the discrimination of the nephritic from psoas abscess, and the distinction in these nine specimens was at last rendered accurately. The essay is valuable for the light it sheds on this unsuspected malady in the non-adult, and is drawn up with careful notes of symptoms and treatment.

—— List of Skeletons and Crania in the Section of Comparative Anatomy of United States Army Medical Museum, 1876.

The naturalist is accommodated by this catalogue with an authentic advertisement of the osseous representatives of the various classes and families of the vertebrate type. This cabinet of comparative anatomy is a section recently instituted, and deserves to be filled. The specimens are mostly the contributions of army officers "on the plains."

—— Five circulars from the Medical Department U. S. A. of the International Exhibition, 1876, are before us for notice. They are descriptions by models of the hospitals on field and water, approved, and the latest built, by the Government. The cuts and plans are neatly displayed and plainly demonstrated by Dr. Woodward.

—— Thirteenth Annual Report of the New York Society for the Ruptured and Crippled. May, 1876. A peep into the hospital will quiet all questions as to the necessity of such an institution, and declare to its prosperity under the present management. Of 168 treated, 151 are announced as relieved, a ratio marked and gratifying.

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THE PHYSICS OF MEDICINE.

The distinction between an art and a science is that between the senses and the intellect, between a rule of practice and a law of being. An art is carried on by skill derived from experience; a refined empiricism is its highest form; it is ever concrete and ever changing; a science, on the other hand, discards the senses as the highest appeal, and seeks a foundation in abstract truths, independent of the deceptions to which experiment alone is liable. Hence a science is always capable of expression in formulæ, in mathematical types.

Should medicine ever become a science, its teachings must in some way be fitted to that straight-jacket of mathematics in which all the strict sciences now are. This was attempted by the French school, early in this century, by what was called the "numerical method." This method, like the heresies of the early church, is better known through the severe criticisms of its opponents, especially TROUSSEAU, than by the works of its advocates. Its introduction was due to the eminent LOUIS, and in his hands yielded some fertile results, as, for instance, in the relations of typhoid fever to age. In less skilled hands it led to the neglect of pathological changes in favor of a barren estimate of the number of symptoms in a number of cases, overlooking the fact that the value of these symptoms can alone be estimated by pathology.

Not by this method must medicine be brought into "the circle of the sciences," but by an application in all her procedures of the methods of *physics*. Although the relationship of medical to strictly physical studies is generally conceded, so little has it attracted general attention that we do not know of a single work on the subject in our language. There are several in French and German, and if nothing better could be done, a translation of one of them would be a real benefit to the profession.

The two best works in German are, *Handbuch der Medicinischen Physik*, by the eminent Heidelberg professor, Dr. WUNDT, and the somewhat more recent treatise of Dr. THEODORE HOH, Professor of Physics in the University of Stuttgart, *Die Physik in der Medicin*. Both were issued from the press of the well-known medical publisher, FERDINAND ENKE, in Erlangen. In Paris there appeared a year or two ago a treatise entitled, *Nouveaux Eléments de Physique Médical*, by Drs. DESPLATZ and GARIEL. The last-mentioned volume treats especially of such purely physical phenomena as are found in common in the organic and inorganic kingdoms.

Prof. HOH goes much further. For instance, not only does he enter on the general questions of optics, and apply them to the special case of the eyes and their anomalies, but he utilizes the knowledge imparted in considering also the physiological effect of insolation, insufficiency of sunlight, artificial illumination, etc. Again, after treating of various *special* physico-physiological laws, he is naturally led to speak of the *general*, and thus hygienic requirements are introduced, and a great amount of most valuable

information, such as is hardly to be found in any half-dozen books, is here brought together in one.

Under the heading Water we find springs, their sources, phenomena, and causes, the qualities of various waters, ground-water, water-supply and examination, evaporation, dew, etc. Then follows a chapter on the atmosphere, the physiological necessity for air, ventilation, and the physical laws which govern it. The chapter on Climatology is most instructive, and contains many original remarks on the *rationale* of the benefits of change of air.

Two illustrations of the value of a knowledge of physical laws to the practical clinician have met us in reading our late European exchanges.

The first is a means of establishing *a diagnostic sign of emphysema.*

There is a law in physics that sounds are propagated through liquids inversely to their density. Applying this to accumulations in the chest, Professor Baccelli, of Rome, has succeeded in establishing a very accurate diagnostic sign between watery and purulent accumulations. Words spoken in a low tone (*afornicamente sillabata*) can be distinctly heard through a serous, not at all through a purulent deposit. Auscultation should be immediate, and the patient so placed that the vibrations reach the ear in the longest axis of the secretion. His article is in the *Arch. di Medicina*, liv. vii and viii.

The second is the use of *the sensitive flame in percussion.*

The reader is doubtless aware that Professor Tyndall demonstrated that a gas jet turned on to the last point before flaming upward, is so sensitive to sound-waves that a cry or sudden noise will cause it to flicker, thus giving an example of *visible sound.* This fact led Dr. Gerhardt to a series of experiments on the effect of percussion sounds on the flame, and in the *Deutsches Archiv* last year (Band xvi, 1) he stated that the tympanitic percussion sounds can be demonstrated on the sensitive flame, the effect they produce being to cause it to flicker in a series of equal points, while the percussion sounds from non-tympanitic cavities cause a series of flickerings, showing very unequal heights, and irregular contours. Although his demonstration has been received with considerable criticism, the latest writer on the subject, Dr. Ferdinand Klug, of Budapest, in a communication to the *Allgemeine Medicinishe Central Zeitung*, this last May, states that he has repeatedly demonstrated a marked difference between tympanitic and non-tympanitic percussion sounds, so clearly that his friends and students had no difficulty in distinguishing them by observing their effect on the flame.

It is not possible to appreciate accurately the value of such studies. They certainly are most weighty, as they tend more and more to remove the estimation of symptoms out of the treacherous and unequal domain of the senses to the certain province of mathematical figures. A sound which can be accurately represented as a diagram, can always be recognized, and a stone-deaf observer could detect it as certainly as the most practiced *auscultateur.*

Notes and Comments.

Atlantic City.

The hygienic advantages of sea air and sea water are becoming more widely recognized every year, and no intelligent physician will permit himself to remain uninformed in regard to them. The many who visit Philadelphia this summer should spare the time for a trip to the Atlantic shore. The nearest point is Atlantic City, reached in less than two hours by the Camden and Atlantic Railroad. Three express trains run daily, and the ride is diversified and pleasant.

Atlantic City has an unusually dry climate, is exempt from malaria, and is rarely troubled with mosquitoes. These considerations give it a deserved popularity, and have led to the establishment there of the "Children's Sea Shore House," a charitable institution resembling the celebrated one of La Tremblade, in France. The accommodations are for about

sixty patients. They are under the efficient care of Dr. W. H. Bennett, Physician in charge, who kindly showed us through this most interesting foundation. The results are most gratifying; literally every case manifesting improvement promptly. Little medicine is administered, not even tonics, the lower temperature, pure air and hot and cold sea water baths being all-sufficient to increase the appetite and restore assimilation. We observed several severe cases of hip-joint disease and strumous cachexiæ, all doing as well as possible. A peculiar feature of the institution is the "Mother's Cottages," small separate buildings to accommodate a mother and her sick child, where the latter may not disturb other patients.

A striking illustration of the healthfulness of the spot was furnished us by Dr. T. K. Reed, the principal practitioner on the island. He informed us that, in spite of the extreme heat of the summer and the unusually severe cases brought from the great cities, he has signed this season but one certificate of death for a child! In what striking contrast is this with the records of New York and Philadelphia physicians this summer!

The "season" at Atlantic City lasts until October 1st. In no month is the ocean water of a more agreeable temperature than in September, and as accommodations are then abundant, it is a period we prefer above others for a visit. There are many excellent hotels on the island, but those who wish to breathe the sea air in its purity will prefer those in proximity to the water, such as "The Chester County House," close to the beach and excellently kept by Messrs. J. Keim & Sons.

Thymol and Phenol as Poisons.

These potent antiseptics are also active poisons. Dr. Huseman says:—

Thymol has a much less energetic action than phenol. It has no irritating action on the skin, but it irritates the mucous membrane of the mouth. On rabbits it causes, in large doses of thirty grains, no further effect than a slight increase in the pulse and a slight decrease in the respiration and temperature. Carried to a poisonous action, it causes an increase of fat in the liver, congestion of the kidney, excretion of albumen and blood by the kidney, and gradual paralysis. Phenol produces none of these distinct effects.

Why Early Autumn is an Unhealthy Season.

The observations of the Munich Observatory show that the maximum and minimum of the mean monthly temperature of the ground vary within narrow limits, and the differences are always less the greater the depth at which the observations are made. Further, the maximum as well as the minimum of the mean temperature falls regularly at a later time the deeper the measurements are made. Thus, *e. g.*, at twenty feet the highest as well as the lowest temperatures do not occur until four months after the highest and lowest temperatures have been noticed a few feet above the ground. It is well known that the decomposition of organic matter is hastened by a high temperature of the ground. The favorable period for epidemics is that at which a relatively high temperature occurs with a certain degree of moisture. This is why the most and the worst epidemics occur at that time of the year when the soil is usually warmest (August and September), the fewest and generally the least serious when on an average the lowest temperature is found. The occurrence and spread of epidemics of this kind must be especially favored at times when the temperature of the ground is very high.

A "Retrovaccination" Institution.

This is the name, according to the *Med. Central Zeitung*, of an establishment near Altenburg, in Dessau, for the "refreshing" of vaccine virus. The lymph from a vaccine pustule in a healthy infant is transferred to a calf three months old. A number of vesicles are formed, the virus from which is used upon children.

There is much room for doubt about the soundness of this proceeding. True vaccinia is probably not brought about by vaccinating calves or cows, but is a self-generated and propagated disease.

Solutions of Morphia for Hypodermic Use.

It is stated by Professor Luton, of Reims, that in hypodermic injections of morphia the best menstruum is distilled aqua lauro-cerasi, which forms, with the salts of morphia, a perfectly limpid solution, which remains good indefinitely. The dissolving power of this vehicle appears to be superior to that of ordinary distilled water.

Signs of Death.

As the result of the prize of $5000 offered by the Marquis d'Ourches, for a simple and certain sign of death, the four following are deemed the most important suggested:—(1) Cauterization of the pulp of the fingers during life causes blisters containing serosity, after death they contain steam; (2) after death a grayish or dusky spot shows itself, first at the external portion of the sclerotic, prior to its fatal invasion; (3) general discoloration of the fundus of the eye; (4) livid patches which appear shortly after death—they were found in every case on fifteen thousand cadavers.

To Preserve Ice in the Sick Room.

A simple method to keep ice for use in the sick room is mentioned in the *Lancet* by Mr. S. Gamgee. This is to cut a piece of flannel about nine inches square, and secure it by ligature round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In the flannel cup so constructed pieces of ice may be preserved many hours—all the longer if a piece of flannel from four to five inches square be used as a loose cover to the ice cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it, and the ice is thus kept quite dry. When good flannel with close texture is employed a small hole must be made in the bottom of the flannel cup, otherwise it holds the water, and facilitates the melting.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter X.

FOREIGN PHARMACY IN THE MAIN BUILDING.

Centennial Exhibition, July 27th, 1876.

Ed. Med. and Surg. Reporter:—

To-day my tour shall be through the foreign pharmaceutical exhibits of the Main building, beginning with Germany, at the centre of the hall, and proceeding westward until the western end of the building is reached, and then crossing to the northern side of the nave, traveling eastward until the round is finished. Along the transept, close to the great porcelain display of the Berlin Royal Factory, the first noticeable exhibit is that of Schimmel & Co., of Leipsic and New York. It consists of essential oils, essences, ethers, etc., in beautiful bottles, and of a specimen of thymol, a white, aromatic, crystalline product, obtained by distillation from the oil of thyme, a substance whose antiseptic and antifermentative properties have lately been studied by L. Lewin. Scattered throughout the space allotted to German chemico-pharmaceutical products are a number of other handsome collections of essences, essential oils and ethers, chiefly by Leipsic firms.

Edward Loefland, of Stuttgart, manufacturer of medicinal dietetic preparations, exhibits various extracts of malt, and Liebig's concentrated food for infants.

J. Bernhardi, of Leipsic, displays German medicinal barks, flowers, herbs, roots, seeds, etc.; and Bruckner, Lampe & Co., also of Leipsic, present a fine array of powdered drugs. Fischer & Schmitt, of Hochst, and Otto Lindenbauer, of Hanau, have elegant collections of gelatine.

In the department of Austria and Hungary I found, near the southern side of the building, a large display of flowers, herbs, etc., with a few chemical drugs, the exhibitors being Wilhelm & Co., wholesale druggists, of Vienna. Fine medicinal and chemical bottles and apparatus are included in the glassware exhibits of Franz Batka, and of C. Franke, of Prague, and of Lenoir & Forster, of Vienna. F. A. Sarg, Son & Co., of Liesing, near Vienna, have some fine specimens of glycerine in their exhibit of tallow.

Spain, along the eastern side of her exhibit, presents mineral waters from the province of Alicante; along the western side, Dr. Arola, of Barcelona, has a fair pharmaceutical collection, in proximity to which are some specimens of liquorice, some drugs from the Philippine Islands, and a small case of essences, extracts and oils. Near the centre of the exhibit are a couple of displays of pharmaceutic specialties, such as lozenges, balsams, granules, extracts, pills and pastiles.

I discovered nothing of interest in the line of pharmacy in the exhibits of Russia, Denmark, Tunis, Japan, China or Orange Free State.

Portugal's space was in confusion at the time of making my visit; but I observed one large collection of natural mineral waters. The opium, nut-galls, etc., which I came upon in the Turkish section, will probably claim the attention of the medical botanist. Egypt has one display of drugs and chemicals. In the Hawaiian I found a solitary jar of castor oil, which the gentleman in charge informed me was potent in half the ordinary dose. The Argentine Republic and Chili present a few drugs and chemicals, and many herbs.

Crossing the central avenue to the Italian space, I found a number of exhibits jumbled to-

gether on one stand. Bisulphate and citrate of quinia, syrup of bismuth, etc., are displayed by G. Arrosto, of Messina; citrate of quinia by G. Margani Valenti, of Sicily; and in curious juxtaposition are seen mineral waters, purgative and refreshing decoctions, anti syphilitic remedies, glue, ink, perfumery, pomades, varnish, egg-albumen, and gelatine.

Cod-liver oil is the great medicinal attraction of Norway. Peter Moller, of Christiana, has a grand display of this important article. He has erected a large ornamental framework, having apparatus used in the manufacture of the oil in the centre, on each side tall, narrow jars, artistically arranged, and below many smaller bottles containing the oil. He also exhibits a large number of handsome medals obtained at various expositions. Other handsome exhibits of cod-liver oil are those of Lauritz Devold, of Aalesund, and C. Jordan and T. U. Borthen, of Drontheim. The oil of the latter is exhibited in flat bottles, quaintly arranged on a curious framework.

In the Swedish department I did not find anything of especial pharmaceutical interest.

The colonies of Great Britain came next in my ramble; and first I passed from the central avenue into the space occupied by Victoria. Here, surrounded by gold nuggets, kangaroos, and tall birds, is the chemical and pharmaceutical exhibit of Hood & Co., of Melbourne, including many well-known drugs, such as tannic acid, bromide and iodide of potassium, cod-liver oil, hartshorn, and chlorodyne; and, also, essence of Australian flowers, oil of sandalwood, distilled from the Australian sandalwood; bismuth ore from South Australia, and iodine from Victorian seaweed.

South Australia presents several fine specimens of olive oil; and in the exhibit of New South Wales I observed a jar of castor oil from Clarence River. Queensland exhibits many bottles of Ching's dugong oil, which is prepared at the fishery, Hervey's Bay, Maryborough, Queensland, and is used for medicinal and cooking purposes. In the exhibits just noticed, and also in those of Tasmania, of Mauritius, Seychelle Islands, and Ceylon, of British Guiana, and Jamaica, are articles of interest, but very little that would come within the strict province of the present letter. I noted a specimen of sulphate of beberia in the display of British Guiana. Splendid exhibits of native wines are found in several of the British colonies. Among the rare products of Singapore are cubebs, gamboge, pepper, tapioca, sago, etc.; olive oil, crab oil, palm oil, and cocoanut oil, are scattered through the various displays In the Jamaica collection, orange and lime juices, senna, catechu, guaiacum, tobacco, sarsaparilla, cinchona, and "Jamaica rum," are to be seen.

Canada, which occupies a large part of the British colonial space, has a very fair pharmaceutical exhibit. Near the northern or Memorial Hall side of the building, and in the northwestern portion of the Canadian section, is the display of Lymans, Clare & Co., of Montreal, who present, among other articles, fine powdered drugs, such as squill, aloes, colombo, galls, cubebs, myrrh, rhubarb, ginger, cascarilla and jalap. Next east is a large case containing two fine exhibits. The first of these is that of William Saunders, of London, Ontario, in which I noted, particularly, prepared glycerine and a splendid lot of fluid extracts. The second is the attractive exhibit of Lyman Bros. & Co., of Toronto, Ontario. Here I found drugs of all kinds: fine samples of granular citrate of magnesia, nitrate of silver, potassium carbonate, iron sulphate and carbonate, ammonium nitrate, and other chemical preparations; fluid extracts; syrup of the iodide of iron, compound syrup of the phosphates; chloroform, butyric, acetic and sulphuric ether, spirits of nitrous ether, etc.

India is the next country in order in our journey eastward; but I did not find it necessary to tarry long here. Not far from the central avenue, in a horizontal case of large size, containing mineral substances, I found a long row of neat-looking jars, in which rock salt, lime, borax, sal ammoniac, alum, sodium, iron and copper salts, and saltpetre of various qualities and from different localities, are exhibited. Near by is another horizontal case, in which are shown various flowers, herbs, roots, etc., many of them medicinal, such, for example, as gamboge, aloes, aconite, saffron, and, especially, opium; in the collection is a ball of opium as prepared for the Chinese market, called "Provision Opium."

The pharmaceutical and chemical exhibit of Great Britain is well toward the northern side of the building.

Beginning at the western border of the pharmaceutical display, about E 30, I first noted a small exhibit of R. Usher, of Bodicote, Oxfordshire, grower and preparer of English rhubarb, dried biennial henbane, the extract, etc. His collection consists of the leaves and extract of hyoscyamus, and some fine samples of rhubarb of English growth.

In addition to his fine chemicals, A. W. Gerrard, of London, exhibits fluid extracts of seneka, ergot, jaborandi, etc.; neat-looking mustard plasters, which, if as efficacious as they are claimed to be, are certainly a great improvement on the old-fashioned mustard poultices; and a nice collection of suppositories of different colors, smoothly moulded, and made from a basis of pure oil of theobroma.

One of the most attractive exhibits in the British chemical and pharmaceutical department is that of Evans, Lescher & Evans, of London, who have an elegant display of cordials, cod-liver oil, gums, powdered drugs, essential oils in beautiful vessels, chemicals, etc. A mirror has been placed in the back part of their handsome case, by means of which the effect of their exhibit is pleasantly duplicated.

Allen & Hanbury, of Plough Court, London, have a curious and interesting exhibit, consisting chiefly of a large assortment of jujubes,

some of them, such as glycerine, Iceland moss, and tamarind jujubes, medicinal. Samples of cod-liver oil, manufactured in Norway and in England, are also shown by this firm.

Essences and essential oils are handsomely exhibited by several establishments.

I found a number of very fine exhibits, illustrating materia medica and pharmacy, in the space allotted to France, pretty well in line with the British display of the same description. One of the most interesting of these is from the establishment of A. Beslier, of Paris. The exhibit is neatly arranged in a handsome case, and comprises such pharmaceutic specialties as plasters, blisters, wafers, distilled waters, alcoholic tinctures, balsams, oils, ointments, etc. The plasters, of which a large assortment is shown, are especially worthy of attention for their elegant finish and excellent quality. M. Beslier makes, on demand, plasters of any kind for foreign as well as domestic markets, in their manufacture even taking into account the exigencies of temperature in the countries for which they are designed. His blistering plaster, it is stated, has been experimented with in the hospitals of Paris, where it has advantageously replaced other vesicating applications. Another special feature of this collection is the medicinal wafers, which afford a pleasant form of administering certain disagreeable purgatives and vermifuges to children; and still another is an antiscorbutic juice, for which great efficacy is claimed, and which is said to represent exactly the formula of the Codex. Altogether this display is well worthy of examination, and is fortunately in charge of a gentleman who takes pleasure in giving information.

Back of Beslier's case, Boudault's pepsine is exhibited in all forms: powder, lozenges, pills, wine, elixir, etc. E. Fougera & Co., of New York, are the agents for this article.

Rigaud & Dusart, of Paris, have a large and beautiful display, embracing pepsine, ergotine, elixir of jaborandi, pastiles of santonine and chlorate of potash, pills of iodide of iron and manganese, dragees of bromide of camphor, capsules of apiol, guarana, and a host of other preparations, all presented in the most attractive style. This establishment is also represented in this country by the enterprising firm of E. Fougera & Co., of New York.

I have only space left to mention the highly meritorious exhibits of several Parisian firms: granules, dragees, wines, syrups, etc., by Vie, Garnier & Co.; mustard paper, a good substitute for the old-fashioned sinapism, by Rigollot & Co.; *cachets de pain* by Limousin; pills and granules by Ch. Torchan; and extracts, essences, essential oils, perfumery, and fancy articles by various establishments. J. Valby, of Dijon, displays medicinal capsules and pills.

Condensed milk and extracts of meat and malt were found in the Swiss exhibit. In the spaces assigned to Belgium, Brazil, the Netherlands, and Mexico, nothing pharmaceutical attracted my attention.

Of the foreign pharmaceutical exhibits, those of France, and of Great Britain and her colonies, are by far the most extensive and attractive. Germany, which is so well represented chemically, has a meagre display in pharmacy and materia medica. Yours, C. K. M.

News and Miscellany.

The July Heats.

The unusually high range of the temperature during the last month has attracted much attention from all classes, but more especially the meteorological and medical fraternity. For twenty-seven days the mean daily temperature ranged between 79° and 90°, and the lowest reading seldom falling below 70°. The Health Officer reported for the three weeks ending July 22d, 119 deaths from sunstroke, and 604 from cholera infantum.

Personal.

—We omitted to mention that Dr. Kilpatrick's case of supra-pubic lithotomy published in the Reporter, July 27, was forwarded to us through the kindness of Dr. C. W. Dulles, of this city, who has been collecting cases of this operation, and would be glad to learn of others.

OBITUARY.

WALTER CHANNING, M. D.

The death of this distinguished physician, which took place in the vicinity of Boston, July 21, removes one of the oldest of the members of the medical profession in the United States. Dr. Channing was born in Newport, April 15, 1786. He was entered at Harvard College in 1804. He commenced his medical studies in Boston and Philadelphia, and after passing through the usual routine in the University of Edinburgh and the London hospitals, established himself in Boston as a practicing physician in 1812. In 1815 he was appointed professor of obstetrics and medical jurisprudence in Harvard University, which office he held for nearly forty years, resigning it in 1854. In addition to his extensive practice, he was for nearly twenty years engaged in the Massachusetts General Hospital. Soon after the introduction of anæsthetics in that institution, in 1846, he became deeply interested in the use of ether in childbirth, and through his influence mainly the new agent was successfully applied in cases of that kind in this country. He published an elaborate work on the subject, illustrated by six hundred cases in his own practice describing an innovation in medical treatment which at that time was considered as daring as it has since proved to be benign. Dr. Channing was not restricted, in his intellectual efforts, within the limits of the medical profession. He was a man of wide culture and excellent literary accomplishments. In many branches of learning he had been a diligent and successful student. He was the author of one or two volumes of miscellaneous poems, and his *Physician's Vacation*, published in 1856, is an admirable record of an extensive European tour undertaken at an advanced period of life.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

THE ABORTIVE TREATMENT OF WHOOPING COUGH BY SULPHATE OF QUINIA.

BY RUFUS K. HINTON, M. D.,

Of Philadelphia.

After so many specifics have been published in medical journals, and all of them failed, it is rather presumptuous in me to offer one to the profession, through your journal. After reading a communication from Mr. John Reynolds to the *Lancet*, published in the Medical and Surgical Reporter of May the 20th, on the "Specific Treatment of Whooping Cough by Quinine," I do not hesitate to give the treatment of ten cases treated since November last, and aborted with quinine.

Case 1.—I was called to see John W., the 10th of November last, with whooping cough, complicated with pneumonia; found the patient suffering with great prostration, difficult breathing; pulse 120 and feeble; temperature under the tongue 103; harassed with a hacking cough, with a whooping coming on every hour, which lasted for some time and completely prostrated the patient. To sustain the patient's strength, I placed him on small doses of brandy every half hour, with milk punch made with sherry wine, and beef tea; and, for its antipyretic effect, ordered quinine, in three-grain doses, every three hours, with turpentine stupes to top of right lung. and hot poultices made of wheat bran over both lungs. 11th. On visiting the patient next morning found a decided improvement; the skin moist; temperature 100; pulse 100, with a strong, full beat, the whoop coming on every three or four hours. Continued treatment, leaving off the turpentine stupes. 12th, the patient much improved; temperature 99; pulse 90; the whooping, coming on every four or five hours, was of short duration. The same treatment continued. 13th. The boy says he is so much better he would like to sit up in bed; whooped three times since my visit yesterday; temperature 98½; pulse 85. Treatment continued. 14th. Whooped only one time since yesterday; temperature 98¼; pulse 80. The patient continued to improve, the whoop disappeared on the fifth day, and by the tenth day he was out of bed. Attributing the cessation of the whoop to the quinine, I resolved to try its effect in aborting whooping cough.

Cases 2 and 3 occurred in my own family, in December last, and as the patients were both going to school, and their examination was coming off the 1st of January, and any loss of time would prevent their promotion, I placed them on quinine, in five-grain doses, in the morning, before going to school, five grains at three o'clock in the afternoon, when returning from school, five grains at bedtime, given in wafers. Both cases were slight, without complications; the whoop disappeared in one on the third day, in the other on the second day; both went to school without losing a day.

Case 4.—Joseph R, boy, four years old. Called to see this patient the 5th of January. Complicated with a slight bronchitis, hacking cough, whoop coming on every three hours. Ordered quinine, in two-grain doses, every three hours, in wafers, with a mixture containing

muriate of ammonia, syrup tolu, and an anodyne, to quiet bronchial cough, with hot poultices to chest. On the fourth day the whoop was entirely gone, leaving a slight bronchial cough, which was well by the sixth day.

Cases 5 and 6.—Annie W., girl, ten years old; Robert W., boy, eight years old. Was called to see both cases on the 20th of February last; both light cases, with no complications. Ordered quinine, in two-grain doses, every three hours. In the girl the whoop was aborted in twenty-four hours, in the boy in thirty hours.

Case 7.—Patrick O., teamster, twenty-four years old, called at my office last February; stated he thought he had whooping cough, and while in the office a paroxysm of coughing came on, with a distinct whoop, which confirmed the diagnosis as to the disease. Ordered quinine, three-grain doses, to be made in pills, every four hours. Told him to call at my office on the third day; he called on the morning of the fourth day, reporting himself cured, as he had not whooped since he had taken the seventh pill; did not stop his work.

Case 8.—Maggie F., girl, eighteen months. Was called to see her the 6th of January last; mild attack. She was ordered quinine, in one-grain doses, every three hours; in thirty-six hours after taking the first dose the whoop ceased.

Cases 9 and 10.—On the 10th of March last I was called to see Katie and Pauline S., girls, one five years old and the other seven. I placed both patients on the old remedies—alum, belladonna, bromide ammonium, nitric acid. The disease ran for four weeks without any abatement of the cough. Believing that the disease would run for some time, with the whoop, which had already confined the patients to the house, I ordered for both quiniæ sulph., in two-grain doses, every three hours. In one case the whoop was aborted on the second day; in the other case the whoop was cut short in three days.

To avoid the nauseous, bitter taste of the quinine, which is so repugnant to all patients, especially children, that it is exceedingly difficult to get them to take the medicine, and when taken they almost invariably eject it from the stomach, I order the powders of quinine put up in cachets, or wafers, and by dipping the wafer in water, so as to soften it, and placing the moistened wafer in a spoon filled with water, and placing the spoon with the wafer on the back part of the tongue, the smallest child can swallow the wafer, and retain the quinine without vomiting.

OVARIAN CYST COMPLICATING DELIVERY.

BY F. SHIMONEK, M. D.

Of Beaver Dam, Wisconsin.

I desire to report the following somewhat rare and interesting case:—

I was called lately to attend a woman in her first confinement; eighteen years of age; had been married ten months; always apparently in good health. Labor pains began at full term, about twenty-four hours before I was called. I soon arrived, and found the head in the pelvic excavation, where, the midwife told me, it had been arrested, remaining in that situation for some hours. The expelling force having ceased, and convulsions having supervened, I put her under the influence of chloroform, and delivered her with forceps, of a living and well-developed male child. The placenta was extracted immediately. After anæsthesia had passed off the convulsions returned twice more; then, by introducing my hand per vaginam, I removed some solid clots from the os uteri, when the convulsions ceased.

The uterine contractions were short and spasamodic, not sufficiently severe to expel its contents. After the delivery the organ contracted well; there was hardly any hemorrhage; a usual amount of liquor amnii. I was amazed at the size of the abdomen, it remaining as large as it was before confinement; fluctuation perceptible over the whole abdomen, and also flat on percussion.

I did not know, for some time, what conclusion to come to. There were no symptoms of intra-uterine hemorrhage. The case remained extremely obscure to me before I obtained anything like her previous history, which was very unsatisfactory as indicating a diseased condition of any kind. The function of menstruation was developed at the age of fourteen; it appeared once in three weeks, being very copious for six days; there was no dysmenorrhœa or metrorrhagia. Her general health was good, and everything else appeared well to patient and relatives, except an enlargement of her abdomen. I could not ascertain how long ago this was noticed. Two years ago, while menstruating, being in a perspiration, she threw some

cold water on her feet and face, which arrested the discharge and threw her into a delirious condition, lasting about a week. She then improved gradually. On account of the ignorance of the parents it was impossible to discover what the disease was. One month after marriage, before conception took place, her abdomen enlarged considerably, but she felt well, and no symptoms were produced by the mechanical interference, nor was there anything indicating a marked functional derangement.

Grouping all these symptoms, as the enlarged abdomen, flatness on percussion, distinct fluctuation, no tympanitic resonance by the floating of the small intestines, which would have been the case had it been ascites, there should have been a marked impairment of health. Slight tympanitic resonance was obtained over the left colon, when the patient was on her back. I concluded it to be an ovarian cyst.

Twenty-seven hours after confinement she had a severe chill, lasting about half an hour, followed by an elevation of temperature, 104½° Fahr.; pulse 120 per minute, and pains in the back and abdomen. She passed into a sinking condition, as indicated by the pulse and the expression of the countenance, and soon death closed the scene.

Three hours after death I performed autopsy. After completing the incision through the abdominal walls the cyst came into view, arising from the right ovary and side of the uterus. The walls were extremely thin and fragile, and while supporting it with my hands, so that it could not slip out of the abdominal cavity, my fingers penetrated it. A large amount of bloody serum was discharged, measuring about fifteen quarts. Internally were three cysts, each of about the size of an orange, containing albuminous substance, and others, a dozen or more in number, appearing like blisters. There was considerable solid matter at the bottom of the sac, which appeared, when incised, like phthisical lungs. The uterus and the left ovary were healthy. Some evidences were seen of rectal peritonitis.

Professor Gross says, on page 935, vol. II:—"When ovarian disease co-exists with pregnancy, the woman may go to the full term and be safely delivered, provided the tumor is not very bulky or the cyst unusually thin. When this is the case, there is, Mr. T. Spencer Wells has conclusively shown, great danger of abortion, or, if the full term be reached, of a painful and protracted labor with a dead child; or, what is still worse, the cyst may burst and the mother perish from the shock, hemorrhage or peritonitis."

This case is, therefore, interesting, from the fact of the woman reaching full term with a very bulky and unusually thin cyst, and being delivered of a living and well-developed male child, the convulsions still more endangering the rupture of the cyst; and somewhat rare, from its occurring in a very young woman without developing any marked symptoms.

MANAGEMENT OF A CASE OF ECLAMPSIA.

BY P. H. THOMPSON, M. D.,

Of Dixon, Miss.

There are some points which render the following history of a case of eclampsia of interest:—

April 4th, I was summoned to see Mrs. Glenn, in haste. On arrival, after a ride of six miles, I found her in convulsions of a very severe character. She was eighteen years of age, of a very robust, muscular type, short, thick and fat, and was then struggling in the sixteenth convulsion. The attacks were the most severe it has ever been my lot to witness.

They came on about every ten minutes. Between them her condition was very little better than during their presence. Since her fifth "fit," as they called it, she had not recognized any one or anything, and I found it utterly impossible for her to take medicine, as she could not be induced to swallow, or show any willingness to do so. She was a primipara of seven months' gestation. The skin was hot and dry, pulse about 140. Her tongue was so badly bitten and swollen that I could not tell much about its appearances. I attempted to perform venesection, but on account of restlessness, and the quick recurrence of the convulsions, I found it impracticable until I had partially anæsthetized her with chloroform, after which I drew about eight ounces of blood. I would have taken more, but feared that labor was about to commence, and I did not know the possible extent of hemorrhage that might follow.

Not having my hypodermic syringe with me, I decided to thoroughly imbue her system with sedatives and antispasmodics, by enema. I ordered about forty grains bromide potassium, and two fluid drachms fld. ext. valerian, with tannic acid q. s. to retain in recto

Up to this time the convulsions had continued with unabated fury, after which there seemed to be some amelioration in their severity. Prescription to be continued every hour, with the addition of ext. belladonna alc. $\frac{2}{3}$ grain, until convulsions should cease. From this time they seemed lighter and less frequent. Leaving my patient in order to see some others, I returned in about five hours. On arriving, I found that the convulsions had ceased, and the nurse had discontinued the medicine. I remained with her, to watch if labor should commence. I had previously made an examination, and found that there was no dilatation of the os, or other indication of its approach. The patient remained comatose, the respiration labored. I now retired to sleep. In about one hour and a half I was called, to find my patient nearly delivered of a dead female child. From the signs of putrefaction, the child had been dead prior to the onset of convulsions. The attendants told me that they had seen no signs of labor whatever; not a sound escaped her while she lay in a profound stupor. Very little if any hemorrhage followed the placental delivery. The pulse was so quick that I could scarcely count it, but it was about 170. I succeeded in getting her to swallow a dose of tinct. digitalis, after which the pulse assumed a more normal frequency. I continued the administration of belladonna and bromide of potassium, keeping the pupils well dilated with belladonna.

She continued to improve, and in about twenty-four hours from the commencement of convulsions she was induced to take some sweet milk, after which she made steady improvement until entire recovery.

The principal object in reporting this case is not so much to call attention to the remedies used, but to the manner of using them. Much good may often be obtained from administration of medicines by the rectum, especially where it is impracticable to exhibit them *per os*.

EXPERIENCE IN DIPHTHERIA.

BY WILLIAM C. TODD, M. D.,

Of Manayunk, Pa.

Our neighborhood has suffered for over a year from an epidemic of diphtheria, so fatal in its character that a large number of children perished from the disease or its effects. Having treated quite a number of cases, with what I believe to be more than usual success, I thought it might interest some of your readers to indicate the method pursued.

As the disease presents the characteristics of specific blood-poisoning, rapidly exhausting the strength, and tending to a speedy fatal termination, I invariably placed my patients on a tonic, stimulating and supporting treatment. This was accomplished by giving quinia and tincture of iron in large and frequently repeated doses, with plenty of beef essence and milk punch, given freely. This treatment was continued day and night until the throat was entirely free from the diphtheritic membrane, after which the medicine was gradually diminished, but not entirely suspended until convalescence was established. As a gargle for the throat and nasal passages, I made free use of a saturated solution of potassium chlorate, and in children unable to use a gargle it was used freely with a syringe, and as often as the exigency of the case required.

The solution of the chlorate fulfills a treble purpose, as it is a good detergent, a disinfectant, and the portion unavoidably swallowed acts beneficially as a medicine. No caustics nor acids were allowed to be used in the throat, no purgative medicines under any circumstances. If necessary to have a motion of the bowels, a simple enema was used. Cases treated in this way, if seen in time, and the treatment carried out, as a rule recovered; but if neglected, the disease extended to the air passages, and death generally followed. In a few cases a measly eruption appeared about the sixth or seventh day of the disease, after the disappearance of the diphtheritic membrane from the throat, and quickly proved fatal, apparently from blood-poisoning. This symptom I have not seen mentioned in the books.

During the year, in the treatment of ten hundred and forty-seven cases, I gave certificates of death in twenty-one: of these eight were dying when first seen; two totally refused medicine or treatment of any kind, and their parents would not insist on any effort being made to save them; seven died by the extension of the disease to the air passages; and four from extreme prostration or blood-poisoning, after the disease of the throat had disappeared. Excluding those cases that were not under any kind of treatment, would leave eleven deaths in ten hundred and forty-seven cases, or little more than one per cent. No deaths occurred in adult cases.

Editorial Department.

Periscope.

The Management of Albuminuria.

In an article in the London *Medical Times and Gazette*, Dr. W. H. Dickinson, of London, writes:—

To give rest, as far as may be, to an inflamed structure, is an old and sound maxim; and it is not less obvious, in regard to the system at large, that if a great channel of exit be obstructed, the materials which therefore tend to accumulate should be sparingly introduced The diet with albuminuria, save with that of lardaceous origin, in which the secreting power is until late little interfered with, while an exhausting discharge may have to be obviated, should be below the custom of health in its nitrogenous components. It may abound in milk and farinaceous matter, while fish may often take the place of flesh. The increase of albumen in the urine, upon a too early resort to a meat diet, is a common experience. With regard to liquids, it cannot be too strongly insisted upon that the functional strain upon the kidney is not to be measured by the quantity of water which filters through it, but by the quantity of refuse, mainly nitrogenous, which it has to convert and eliminate. Water, which probably transudes almost as through dead membranes, probably makes little demand upon the real secretive function. The worst kidneys, indeed those most hopelessly incapable of their special work, will often discharge most of it; and it is easy to see that its passage, not to be regarded as the result of glandular effort, is salutary, both in the dilution of scanty and irritating urine, and also in washing out the solid products which, under the inflammatory process, collect mischievously in the tubes. A further use is to be discerned in this law. The solids of the urine vary with its water. With given kidneys, the solid excreta wax and wane with the bulk of the urine. Any means, therefore—mere aqueous filtration as safely as any—which increase this will also magnify the components of the secretions which are essential to life. With tubal nephritis, therefore, and scanty urine, an aqueous dietary, even with the addition of distilled water, or the element in some slightly sophisticated shape, will prove in every sense beneficial. In many, perhaps in most, cases of nephritis of tubal origin these remedies of patriarchal simplicity, "spare diet and spring water clear," are all that are needed to guide the disorder to its natural cure. To this surest and safest of diuretics others must often be added, both to lessen dropsy and to avert the dangers of uræmia. The old rule is that, in recent cases, digitalis should be used; it seldom fails to increase the flow of urine, but I am not sure that it does not sometimes do so with some exasperation of the inflammatory action. The bitartrate and acetate of potash, which have a purgative as well as a diuretic action, may probably be safely resorted to; and in chronic cases as much as may be done harmlessly by diuretics may be accomplished by means of scoparium, nitre, and juniper. Cantharides and the more irritating agents of this class are generally distinctly injurious. Perhaps, next to a regulation of the diet, it is most important to secure a daily and somewhat loose action of the bowels. Purgatives lessen the vascular tension, which, in both acute and chronic cases, is a measure of their danger; and while it is not advisable too largely to divert the urinary fluids by severe catharsis, increased hardness of the pulse, and other more obvious aggravations of the general state, seldom fail to ensue upon constipation. When cerebral uræmia is threatening, hard purging by elaterium or otherwise is essential. As a habitual laxative, a drug less used than it deserves to be—sulphate of potash—given two or three times a day in doses of from ten to twenty grains, is sometimes invaluable. It may be aided, if necessary, by Epsom salts or cream of tartar.

The Forms of Phthisis.

In the *Medical Press and Circular*, Dr. A. B. Shepherd, Physician to the Victoria Park Hospital for Chest Diseases, writes:—

All forms of phthisis may, I think, be classed according as to (1) whether dead or dying tissue elements are found choking up the alveoli and bronchi, and leading to further destruction of the respiratory organ; (2) whether changes occur in the walls of vesicles and bronchi, robbing that organ of its function in a different way; or (3) whether the interstitial tissue undergoes metamorphosis, interfering in yet another fashion with that same necessary function—on the imperfect and abnormal performance of that function depending all the symptoms of innutrition and fever which go to make up pulmonary consumption. To the first group belongs that form of the disease to which Buhl has given, I think correctly, the name of "desquamative pneumonic phthisis;" to the second is due that form next common in frequency, caused by long-standing bronchitis and emphysema; and to the third, those fibroid changes resulting in the same true symptoms of consumption, differing somewhat clinically and pathologically, as they are caused by alcoholism, syphilis, or anthracosis. All these forms of consumption fall under the definition of Morton: all owe their origin to primary disease

of the lungs; all are accompanied by symptoms due to that lung disease; all alike bring in their train that general wasting of the bodily structure and strength which is included in the very term "phthisis"—"consumption." Upon the first and second forms, if not upon the third, a further process, resembling that of "acute tuberculosis," may and does frequently supervene, constituting Waldenburg's "phthisis combinata;" but the series of symptoms in these cases is in strong contrast to those alluded to in my first lecture. I need scarcely state, after what I have already put forward, that my own work, clinical and pathological, leads me to support the proposition of Addison, "that inflammation constitutes the great instrument of destruction in every form of phthisis."

On Defective Uterine Involution.

Dr. Tilt remarks, in a recent article in the *Lancet*:—

It appears that defective involution, to become apparent, requires to be associated with some other pathological condition; that by itself it is seldom a disease, but much more frequently the enlargement of the area in which a disease may originate, be it congestion, inflammation, ulceration, a polypoid or other growth. Moreover, defective involution not only magnifies the area of uterine disease—it makes it last longer and promotes relapses. The larger the womb, the greater its blood supply, the more eccentric will be its blood fluctuations, and the more difficult it will be to cure disease grafted on such a womb. Uterine involution being checked, there is a more or less extensive bag, with walls in a transitional state. The growth of the new muscular fibre may not proceed *pari passu* with the decay of the old; while the cervix has nearly recovered its right size and consistency, fatty degeneration may proceed too fast in the median region of the womb. This softness and pliability of the uterine walls clearly explain the frequent rise of post-partum uterine flexions; whereas in the nulliparous womb the cavity is linear, the walls singularly firm and thick (it is extremely rare to find them softened), so there is no pliability of walls to account for flexions of the virgin womb. Dr. G. Hewitt has lately stated that in young women of a delicate constitution there is not unfrequently a considerable softening of the virgin womb, the result of the general want of tone; but until a statement so contrary to my own experience is confirmed by other observers and by the teaching of the dead-house, I shall be disposed to fear that Dr. G. Hewitt's finger has been unconsciously biased by the desire to find so satisfactory an explanation of uterine malformations of the virgin womb.

Diagnosis.—I have already said that a soft flabby mass extending from the pubes to the umbilicus is a form of defective involution to be only observed in the earlier part of puerperality; that, generally speaking, after the third week the enlarged womb is to be felt well gathered up above the pubes. A vaginal examination gives the impression of the womb being larger than it ought to be, and its size may be more accurately estimated by a rectal examination. A still more correct measurement may be taken by means of a wax bougie, for, as in a womb of the right size, it should be brought up at a depth of two inches and a half. If, after parturition, the bougie measures from three and a half to five inches, the excess of length must be attributed to an enlargement of the body of the womb, unless it can be explained by unnatural elongation of the cervix. From what I see and learn, I believe the uterine sound is often used to the detriment of the patient, and I will remind junior practitioners that during the two months of normal uterine involution, and for longer when it is defective, the walls of the womb are of a yellower color, of a more fragile texture, and are, therefore, more liable to be perforated. A wax bougie No. 4 takes the measure well, and can do no harm.

Vomiting as a Symptom of Ovarian Disease.

In a recent lecture, Dr. Habershon, of Guy's Hospital, London, says:—

The vomiting which is produced by uterine disease and by pregnancy is too well known to need even mention; but that which is a symptom of early ovarian disease is often overlooked. There may be no pain in the region of the ovary, no enlargement there, and the gastric symptoms may be so decided as to mislead experienced practitioners. Very similar are those cases of gastric trouble in young married people, where conception has not taken place, but where there is reflex action and sympathetic disturbance from ovarian and uterine irritation of the pneumogastric nerve. These instances are often misunderstood, because menstruation continues regularly, and, it may be, without pain. The gastric branches in this way become exceedingly irritable, and vomiting is a troublesome and harassing symptom: sometimes it is almost constant, at other times only on slight nervous excitement or over-fatigue; the excitement of going into company, or of mixing in society, may be quite sufficient to bring on severe vomiting. Of the same kind is the troublesome vomiting present in young people with scanty or disordered menstruation and chlorosis. The food is rejected at once, almost as soon as it reaches the stomach, but without much distress; there may be scarcely any pain, and some of these patients appear to be plump and well nourished. This condition has been aptly called the "hysterical stomach," and certainly the condition is one of functional irritability. Some food is retained, for the body is not wasted; the bowels are generally confined;

the pulse irritable; the abdomen often fairly distended. With this state, there are other indications of nervous excitement. The determination of the patient may do an immense deal to restrain this condition, and in a young hospital patient the cure was effected by the nurse refusing to bring anything into which she could vomit. The occupation of the mind, fresh air, chalybeate tonics, free action on the bowels by aloetic and assafœtida purgatives, often relieve this state. The steel may be given with advantage in a state of effervescence; in other instances, however, it is necessary to allow the stomach to rest entirely, and to feed the patient by nutrient injections. If the uterine and ovarian functions be disordered, these must, if possible, be rectified; and in the instances of married women, to which we have referred, it is often of great value to lessen pelvic irritation by opiate suppositories. It is of little use to treat one symptom while the cause of disturbance remains.

Salicylic Acid Ointments.

In the *Medical Press and Circular*, Dr. J. C. O. Will says on this subject:—

Various forms of ointment may be compounded, as salicylic acid, unlike boracic acid, can be readily incorporated with fatty substances; but it would answer no useful purpose to repeat at length what has already appeared in a medical periodical regarding the different unctuous preparations of salicylic acid, so I shall simply give the formulæ for two ointments which I have found of much service. The following is perhaps the most generally applicable of any:—

℞.	Salicylic acid,	℥ss–℥j
	White wax,	℥j
	Paraffin.	℥ij
	Almond oil,	℥ij.

Melt and rub up in a heated mortar.

This ointment, which is merely a modification of Professor Lister's boracic ointment, should be spread on strips of muslin or fine linen, and is a thoroughly trustworthy antiseptic application. The other ointment is a simple admixture of the acid and simple ointment. Wagner states that in making it it is advisable to use alcohol as a solvent, as the direct mixture of the acid and lard does not give the same good results; but as I have long been in the habit of using it in its more simple form, and have obtained most excellent results, I have not thought it necessary to change my original formula. The proportion of the acid varies with the use to which the ointment is to be put; in the cases in which I have chiefly prescribed it—viz., circumscribed eczematous affections of the head and face—I have found half a drachm to a drachm to the ounce wonderfully efficacious; and if any one be dubious regarding the therapeutic value of salicylic acid, let me advise him to prescribe it for a case of the kind mentioned, and I feel persuaded that the result he will obtain will at once convince him of the efficacy of the agent he has employed. On this point I cannot speak too emphatically, for I have now used it in a large number of cases, and the results were uniformly good, far surpassing any mode of treatment I have yet seen in the practice of others, or in my own, so much so that I have come to regard salicylic acid as a specific in cases of œzena narium and such like affections, and I hope at a future period to give in detail a series of cases treated by salicylic ointment.

Oleaginous preparations of salicylic acid are the least elegant of all the forms in which it can be prescribed, as it is hardly at all soluble in oil; still they may be used with good effect in burns, healing action quickly taking place under this mode of treatment, putrefaction, if it be present, being arrested, and fetor at once disappearing.

Carbolic Acid in Carbuncles.

Dr. Peter Eade writes to the *British Medical Journal*:—

I believe it to be general experience that the pimple in which a boil begins its life and career may be destroyed by any common caustic, if thoroughly applied. I venture to assert also that a carbuncle, even when very considerably advanced and of very considerable size, may in like manner be destroyed by the free application of carbolic acid to its centre and other parts.

The essentials for its proper action, so far as my experience has gone, appear to be these:—

1. The acid must be applied in *strong* solution (four or five parts of acid to one of glycerine is the strength I employ).

2. It must be brought into contact with the diseased tissue, for it appears to exert no influence on or through the unbroken skin. To this end, if sufficient opening do not exist when the case is first seen, a proper one must be fearlessly made in the very centre of the disease by some appropriate caustic, and, perhaps, the acid nitrate of mercury effects this better and with less discomfort than any other.

3. The acid solution must be occasionally reapplied to, and into, the hole thus formed, or those already existing, and I have found it a good plan to keep a piece of lint wet with a weaker solution constantly over the sore.

Take the following example, which has occurred to me within the last two or three weeks:—

A lady, aged 40, showed me a boil on the left buttock, of six days' duration. It was circular, with a diameter of four inches; was red and angry-looking; tender, hard at its base, and rapidly increasing. To the prominent point in its centre I freely applied acid nitrate of mercury over a space about one-third of an inch in diameter. Next morning, I removed the scab which had formed, and freely passed the strong carbolic solution into the little opening formed

in the mass, as well as I could, with a quill pen charged with the liquid (and I may say that I find this a very convenient instrument for the purpose). At this time the swelling had increased considerably in size, was more tender and inflamed and painful, and was threatening to be a very formidable case of the disease. Now mark the effect of the treatment The acid was freely applied twice more, during the day, and the very next morning, on my visit, it presented the appearance of having suddenly collapsed. It had shrunk greatly in size, was flabby, and far less painful, and its vitality was plainly destroyed. In four or five days nothing remained but a little hardness about its base, and it rapidly got quite well. No core was ever discharged, and no pus appeared after the first application of the carbolic acid.

Opium in Intestinal Obstruction.

Dr. H. J. Hardwicke gives the following case, in the *British Medical Journal*:—

R. T., a married, healthy-looking and stoutly built man, about forty years of age, called at my surgery on the morning of October 18th, and complained of a severe pain in the abdomen, which commenced early in the morning of that day. For four days previously he had been taking purgative medicines from a druggist, but could not get his bowels to respond to them. He requested me to give him some medicine to open his bowels, or he should die from the pain. I sent him home, with strict orders to go to bed and foment his bowels with hot water flannels, and to have an injection of one pint of warm gruel at once; and gave him six pills, of one grain of calomel and half a grain of opium in each, to take every second hour until he was relieved from pain. I was at the time due at a labor case, and promised to see him as soon afterward as I could. The same evening I called to see him and found that he had not had a motion, and that the pain was worse. His face was pale; his countenance anxious; pulse 80; tongue coated; he had sickness, but no vomiting. The abdomen was distended with tympanites, and there was pain referred to the right iliac region more particularly. I ordered a continuance of the fomentations and a repetition of the enema, which latter was returned with no fecal admixture whatever. One grain of opium pill was now given to him every two hours. I saw him again early the next day (October 19th), and found him much worse; tongue dry and brown; pulse nearly imperceptible. The pain was greatly increased, and more generally over the abdomen; he had sickness and vomiting. I gave him brandy and water, and ordered him to continue taking the pills every second hour. I saw him again in the evening with a neighboring practitioner, who recommended an increase in the quantity of the opium. I accordingly gave him one grain every hour, and brandy and water regularly. The vomited matter was now decidedly of a stercoraceous character, and the pain excessive; and the patient seemed inclined to sink. On calling to see him next morning (October 20th), I found he had been vomiting fecal matter incessantly during the night, and had been exceedingly full of pain. Whilst I was there, however, after a severe attack, the vomiting ceased; and just then the patient informed me that he thought the fomentations had moved the obstruction, as he felt greatly relieved. I at once, acting upon his suggestion, ordered an enema to be administered, which, to my great satisfaction and the patient's instant relief, was returned, in company with three or four hard pieces of fæces, like black marbles. Shortly afterward he passed a large, black-colored, offensive stool, and from that time continued to improve. The pain gradually subsided, and the patient in two or three days was able to sit up and take food.

The Value of Induced Labors.

The importance of inducing labor in certain cases was set forth before the Dublin Obstetrical Society recently, by Dr. J. A. Byrne. He detailed the history of a very interesting case, a sequel to one which he had brought before the Society at a previous meeting. He gave a brief *résumé* of the former case, which had occurred in his practice. The woman was pregnant with her second child; her first child, a male, was delivered by cephalotripsy, the forceps having been tried by him and Dr. Kidd, who assisted him, without success. On examination by himself and Dr. Kidd, it was ascertained that the conjugate diameter was somewhat less than three inches. He recommended her to have premature labor brought on, if she again became pregnant, at the end of the seventh month of gestation. He accordingly at the expiration of that time induced premature labor by the use of Dr. Barnes' hydrostatic dilators, and when the os uteri was fully dilated, he performed version by the bipolar combined method as recommended by Dr. Braxton Hicks. The child, a female, was born alive, and lived six hours. Dr. Byrne recommended in the strongest manner the adoption, in suitable cases, of Dr. Braxton Hicks' plan to the members of the Society, and he illustrated by drawings the different stages of the operation. This patient again became pregnant, and on the 204th day labor came on spontaneously, and a male child was born, which presented by the feet; the child lived six weeks, and eventually died from bronchitis. Dr. Byrne dwelt upon the singularity of the phenomenon of the uterus taking on expulsive spontaneous action at the same period exactly in a labor subsequent to that in which he had induced it by operative means; he concluded his paper by recommending that labor should be induced and version be performed, thereby giving a chance of life to the child, rather than resort to the dreadful alternative of craniotomy, after the unsuccessful application of the forceps, in those cases where the conjugate diameter was somewhat less than three inches.

Management of Diphtheria.

The treatment of this disease is discussed in the *Lancet*, by Dr. Ciattaglia. The following case illustrates his therapeutics:—

A. N., a little girl, aged seven, of delicate constitution, complained, on the 2d of February last, of slight sore-throat. On looking at the fauces I found two diphtheritic membranes on both tonsils, of the size of two sixpenny pieces. There was no fever, no constitutional disturbance, not even engorgement of the cervical glands. I confined my prescriptions to simple gargels of phenicated water. Next day the membranes were more diffused, the fauces intensely red and swollen, and the engorgement of the glands increased. Temperature 39° C.; pulse 110; urine normal. I ordered at once fifteen grammes of the chlorate of potash, dissolved in 140 of water, to be given, one tablespoonful every two hours; and I smeared, thrice a day, the membranes with the choral and glycerine. On February 4th, the temperature was 40° C.; pulse 125. The membranes had ceased to spread. The urine presented traces of albumen. I continued the same treatment In the afternoon I found the fever slightly abated; the fauces perceptibly less swollen and less red; the engorgement of the glands had also diminished, and the child was rather relieved On the 5th, the fever had gone; the membranes had almost entirely disappeared from the affected surfaces. I reduced the exhibition of the solution of chlorate of potash to one tablespoonful every three hours, and the application of the choral and glycerine to only twice a day. On the 6th, the improvement had continued. Engorgement of the glands scarcely visible, the urine normal, and the child more calm. On the 8th, the membrane on the right tonsil remained, but was less in extent. On the 10th the cure was complete. All next day I continued the chlorate of potash (one tablespoonful every four hours), and I ceased to apply the chloral and glycerine.

The Treatment of Hypospadias.

Prof. Wood, of London, recently showed, at the Medico-Chirurgical Society and King's College Hospital, three cases of hypospadias of a severe character, which had been operated on by his new method of transplantation of the prepuce. In two of the cases the urethra opened at the base of the penis, in front of the scrotum, and in the other about two-thirds of the way down.

In all the prepuce was tolerably large, crowning the glans penis like a hood, split below, and without frenum. The method consists of turning up two side flaps, one on each side of the groove which represents the urethra, so as to denude the entire lower surface of the penis, and to remove the contracted cicatricial fibrous tissue which acts so unfavorably in producing a downward curve of the organ during erection. These flaps are turned with the skin surface over the urethral groove and the edges stitched together by a continuous suture of fine wire, the ends of which are left untwisted and protruding.

A transverse button-hole aperture is then made through the prepuce on the dorsum of the penis at the attachment to the corona glandis. The glans is then passed through the opening thus made.

The two layers of the prepuce are separated by dissection, so as to permit of the raw surface being laid upon that of the reflected flaps which cover the urethra. The prepuce is finally kept in position by numerous points of thin wire suture.

The patients thus operated on were unable previously to pass the water in a jet, and suffered much inconvenience from the dribbling of the urine over the scrotum, down the legs, and over the clothing. They can now pass the water in a full stream from the end of the newly-formed urethra, the lower part of which is formed by a spout-like projection of the transplanted prepuce.

The Use and Abuse of the Speculum.

Dr. Halton, of Dublin, says in a recent article:—

The advocates of the speculum, on the one hand, confident in the demonstrated and demonstrable truth of their practice, were not, perhaps, as careful as they might have been to assign to that instrument its proper limits; while, on the other hand, their opponents would not admit that any advantage of any sort whatever could be gained by calling in the aid of the sense of sight to the diagnosis of a diseased state. Undoubtedly, many of them in this respect not only violated the well-established canon that no possible means should be left untried to discover the exact condition of an affected part before treating it, but also were neglectful or disobedient to the ordinary dictates of reason and common sense. It may be taken for granted now, however, that, as in most disputes concerning matters of fact and daily observation, both inside and outside medicine, the truth lay between those extreme views, and that while there was not the smallest doubt that the introduction, or rather the revival and frequent use, of the speculum was a decided and remarkable advance in the treatment of uterine affections, yet, that the constitutional side of this treatment was often overlooked or neglected by the advocates of the instrument, while it still remained by no means trifling or unimportant.

Hypodermic Injections in Glandular Enlargement.

The *Practitioner* says that, in a recent paper, Dr. Jacubowitz, of Nagy-Karoly, starts from the principle that no inflammation to which a degenerative action is attributable is occasioned by the injections, but that by this means a solvent of a non-irritating character is brought

into direct contact with the glandular tissue. He avoids tincture of iodine, all alcoholic fluids and carbolic acid, and uses instead a weak solution of iodide of potassium in the proportion of about one part to thirty of water. He gives two cases in which he obtained extraordinarily successful results. In one case he made a puncture into the most prominent part of a gland which was enlarged to the size of a goose's egg, pushing the needle in obliquely to a considerable distance. After injecting about the fourth of the syringeful a resistance was felt; he then withdrew the needle for a short distance, penetrated a septum on one side, and again injected a quarter part. By repeating this process, he threw in about fifteen grains of the iodide in an ounce of water. The tumor almost immediately became harder, smaller and less painful. After four injections, performed in the course of two days, the tumor gradually dwindled to the size of a hazel-nut, and ultimately vanished altogether. The second case was very similar. Here, however, two dark-blue bodies remained, which were so hard that it seemed to be impossible to inject them. Dr. Jacubowitz, however, injected hypodermically the iodide on two occasions, and with perfect success. Ten injections were required altogether. The small quantity of the iodide required to produce the effects observed is very remarkable.

Effect of Alkalies on the Blood.

The *Comptes Rendus* states that M. Pupier, from observations made upon a case under his care, arrives at the conclusion that the employment of alkalies is not so prejudicial to the constitution of the blood as is generally supposed. The patient was forty-seven years of age, and for nineteen years had daily taken from 240 to 280 grains of bicarbonate of soda, and has become plethoric rather than anæmic. The number of blood-corpuscles estimated by Malassez' method amounted to 5,406,000 in one cubic millimètre, the normal number being 4,500,000. A dog to which 1300 grains of bicarbonate of soda was administered in the course of a month, in the form of Vichy water, did not diminish in weight, but the number of its blood-corpuscles rose from 4,239,000 to 5,910,000, and fell again after disuse of the soda, in twenty days, to 4,480,000. The same results were obtained in other experiments.

Pulsation of the Funis felt Externally.

At a meeting of the Petersburg Medical Society (reported in the Petersburg *Méd. Wochenschrift*), Dr. Bidder related a case in which the pulsation of the funis could be felt through the abdominal parietes. He was called to a woman at the full time of her pregnancy—the liquor amnii having been dribbling away in consequence of a fall three days before. The night before, strong fœtal movements had occurred, giving the patient the sensation of the child having "turned round." On examination the head was found in the second position, and slightly movable at the entrance of the pelvis. The parietes of the abdomen were somewhat lax, but not very thin. A cord stretched obliquely across, which was at first taken for a fold of the skin. On closer examination it was found to be the funis beneath the walls of the abdomen, capable of being easily pushed upward and downward to some distance over the back of the fœtus. On placing the finger over it, the pulsations (152) could be plainly perceived, their coincidence with those of the heart being sometimes easily perceptible. As nothing seemed urgent, the case was left to take its course, care being taken to avoid pressure over the abdomen; and the pains coming on several hours after, a child of medium size was quickly born, in a state of deep asphyxia From this it was restored, but died fourteen hours later. The funis was very short—at most not exceeding thirty centimetres in length. Dr. Bidder believes that the cord assumed this place during the violent movements executed by the child after the discharge of the liquor amnii, and which were favored by the relaxed condition of the uterine walls.

Reviews and Book Notices.

BOOK NOTICES.

Theory of Medical Science. The Doctrine of Inherent Power in Medicine a Fallacy. The Ultimate Special Properties of Vitality and the Laws of Vital Force constitute the Fundamental Basis of Medical Philosophy and Science. By William R. Dunham, M. D. Boston, James Campbell, Publisher, 1876. 1 vol., 12mo, cloth. pp. 150.

By thoughtfully giving a synopsis of his work in its title, the author saves the reviewer the trouble of making one. He does more than this, for he tells us that he has avoided the use of technical terms "above the comprehension of the average mind." In spite of this praiseworthy effort, we fear the average, or, indeed, any other mind, will have its comprehension tasked to catch the airy nothing he sets up as the theory of medical science.

Whatever the science of medicine is, he is sure that it must rest on "a correct theory of vitality;" and as, up to date, no one else has formulated it, he tells us what it is, in these momentous words:—"Vitality is the sum of the energies of a living body." The physiological reader may think that just seventy-six years ago, in a work called "Recherches sur la Vie et la Mort," a certain Bichat said something

like this; but Dr. Dunham, like the worthy Franciscan preacher, would doubtless say, "Anathema on those who say my good things before I do." To go on: our author continues, "The peculiar, distinct, ultimate vital properties, which include all there is of vital force, are made apparent through the three properties of contractility, sensation and sensibility." Ignorant and indistinct writers, such as Professors Huxley and Dunglison, he tells us, have made suicidal confusion by confounding the two last mentioned. Not so Dr. Dunham. Sensation is what recognizes contact; sensibility perceives at all distances, and "generates that influence which directs voluntary motion." If the average mind does not comprehend this, let it to school and learn. The weak theory of Spencer and the ordinary physiologists, that perception at distance is a direct derivative of the sense of touch, is passed by with deserved silence. We were a little bothered, further, to be told that sensibility is a "property manifested through the brain;" for thus our theory of vitality is shorn of all application to the numerous acephalous animals, and all plants. But as these are rarely patients, and never respect the fee bill, this omission is of no moment in a sensible doctor's philosophy.

The reader would doubtless desire us to give the author's views on the Darwinian theory, on the immortality of the soul, on temperance, on the true religion, and on the superior development of the Christian to the heathen brain, which must be an original discovery, as we had not before heard of it; but for all which, and many similar topics, he had better, if he chooses to, buy the book himself. Suffice it to say, that the new theory which the author aims to establish is stated by him in the following words:—"The relations of materia medica and poisons to the human organism is not one of *power*, but one of *cause*." Who hath ears to hear, etc.

The Centennial Declaration of Human Rights as exemplified in the Natural Law of Marriage, Legitimacy, and Life in General. By Geo. J. Ziegler, M. D. Philadelphia, 1876. 8vo, pp. 263. Published by the author.

Our worthy confrére, the author of this Declaration of Rights, contemplates, he tells us (p. 263), nothing less than a World's Convention, "to reorganize society on a natural basis, and co-ordinate human with natural law." The keystone of the new structure is to be a universal law that sexual union is marriage, in fact and in law, and therefore that all religious and civil rites are needless hindrances and should be abolished. This once recognized, the author conceives that the great questions of licensing prostitution, of preventing venereal disease, of breach of promise of marriage, of seduction and adultery, will forthwith and forever be settled, as he explains at all-sufficient length.

Dr. Ziegler quotes Sanger as his principal authority, and unfortunately gives special prominence to points wherein no one now willingly concedes that writer much weight, as his statement that the average life of the New York prostitute is four years, that she hardly ever reforms, and that she has generally been driven to her avocation by poverty. The utter groundlessness of this latter oft-urged point was fully shown during the war, when every girl could find profitable employment, but when prostitutes were more numerous than they were before, or are now in these hard times. Vanity, love of dress and display, are the fertile causes of debasement in this country, not want of employment.

He repeats, as usual with such writers, without show of evidence, that the police supervision of prostitution "promotes sensuality, licentiousness and degradation." This baseless statement has been so often refuted in this journal that we only point it out to illustrate again how confident ignorance obscures this subject. With equal strength of assertion and debility of proof, he insists that married people cannot limit the number of their children without injury. And why? "Because no law of nature can be defied with impunity." What twaddle is this! Facts show just the opposite. Both parents and children are healthier, more carefully nurtured, and generally better off, when the family is restrained within narrow limits, by proper means, than when rapid child-bearing breaks down the mother, wears out the father in toil, and brings into the world a weakened progeny to be but half cared for and educated.

Much else may be found in the book, such as the author's views on the financial question, on the effects of tobacco, on the origin of infectious diseases, etc., for all of which we refer the inquisitive reader to its pages.

THE

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D. G. BRINTON, M. D., EDITOR.

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VACCINATION, ITS DANGERS AND THEIR PREVENTION.

A very noteworthy contribution to the literature of vaccination appears in the *Allgemeine Medicinische Central Zeitung*, No. 30, 1876, in the shape of a review of an article by Dr. Ebertz on the question, Can vaccination produce diseases?

The facts are, that in June last a physician in a German village vaccinated twenty-three children. Within two weeks six of them were seized with œdematous swellings, erysipelatous inflammation, and icterus. One died; the remainder, after a tedious convalescence, recovered.

The medical authorities made a most careful *post-mortem* in the fatal case. Their conclusion was that the death was due to septic infection conveyed in the virus employed to vaccinate the child.

As a mild form of diphtheria had prevailed not long before, and as a few light cases of erysipelas were in the village, some impurity of the air was supposed present, and the recommendation is made that for a considerable time after the disappearance of these affections (and of course during their presence) children should not be vaccinated.

But the most striking suggestion which is made is that the *public sale of vaccine virus shall be prohibited by law*. The reason for this is, that virus obtained in this manner may carry serious and even fatal infectious disease; not syphilis only, as has been heretofore supposed, but contagium (*Pilzorganismen*) of various blood diseases.

It would not take many such examples to confirm the prejudice which already exists too generally in the popular mind against vaccinating at all; and this would bring disastrous results to public health. This should therefore be most sedulously guarded against. But the plan proposed would not work in this country, and its expediency anywhere is questionable.

The real alternative is to use *bovine* virus only, that which has never passed through the human subject, and which is derived from healthy heifers, on whom the genuine vaccine disease has been produced. No instance is on record of this virus producing similar or any injury to the human subject. Its protecting power is fully as efficient; many careful observers believe decidedly more so.

There are but two objections to it which have any weight. One of these is, that the symptoms following its use are more severe than those from humanized virus. This is generally true, but so far from an objection it is the reverse. This profounder impression on the economy is in direct proportion to its efficiency as a safeguard; it proves the native powers of the virus are greater than when transmitted through a number of arms. Moreover, the severity of the symptoms has often been exaggerated, as we can testify from abundant experience.

The second objection is, that bovine virus fails more frequently; that it loses its power soon, and is not so reliable.

This depends a good deal on its mode of application. The lymph dried on the outer surface of quills or ivory points is the most desirable form in which to use it. But we are ashamed to say the ignorance of the profession on the method of using these is so great that it is the general cause of the failures. As the pure lymph is very nearly transparent, it is not very conspicuous when dried, and the tyro sometimes overlooks it altogether. He may look for it inside the quill or at its wrong end!

The quill or point should be immersed in water about a minute, then rubbed briskly on the surface of the arm, which should have been previously scarified in the usual manner. Numerous superficial cross incisions we prefer. When the spot is thoroughly dry, the sleeve can be replaced. If this is properly done, failures are very rare.

To suppose that the bovine virus will not keep, is a great mistake. We know many instances of quills charged last August which produced typical vesicles in December. A letter before us, from Dr. Walter Lindley, of Los Angeles, California, is so much in point on this subject that we give an extract from it:—

Los Angeles, May 23d, 1876.

Ed. Med. and Surg. Reporter:—

Last November I received, through your office, several quills of bovine virus, from the Pennsylvania vaccine farm. They gave perfect satisfaction. At the time, there was one more than I had any use for, so I put it in an air-tight bottle in a tolerably cool place; but not needing it until I supposed it was worthless, I supplied myself from other sources. On the 13th instant, a Spanish babe was brought to me for vaccination, but found me entirely out of virus. I happened to think of the old quill I had received from you six months before, and thought, as there was no small-pox in the country, I would use it as a placebo, and have the child brought back in a week, by which time I would supply myself with fresh matter. I introduced it in both arms. Yesterday—seven days after the operation—the babe was brought to me with an elegant typical pock on each arm.

When cases of the transmission of infectious diseases by vaccination with humanized virus are annually reported in increasing numbers, it is no longer justifiable for physicians to use it, except when they cannot get that from the cow. The general public will soon learn to blame them most severely, and with justice, for this negligence. And when severe illness or death results from such negligence, the physician who is guilty of it will merit little sympathy from his professional brethren, and find not much mercy from the jury when they come to cast him in damages for this carelessness about the welfare of his patrons.

In conclusion, we recommend all who use the bovine virus to shun the *lymph tubes*, and the *crusts*, and to employ only the *quills* and *ivory points*. These are far surer, neater and more permanent than any other forms. These are supplanting all other forms of bovine virus. We see it stated that in Brussels vaccination from the calf is largely practiced by the Belgium State Institute, managed by Dr. Warlomont. So successful is this method of vaccination found to be in Belgium that Dr. Warlomont, in a pamphlet, informs us that, although the State Vaccinal Institute has been at work only some five years, out of 2000 medical practitioners in Belgium, about 1000 make use of animal vaccine points and quills sent by him.

In this country the number is increasing, and the only drawback has been a lack of knowledge how to choose and how to use the lymph. If physicians will use the quills or points as above directed, they will be fully satisfied with the results.

Notes and Comments.

The Brussels Sanitary Exposition.

About two months ago, June 26th, an interesting event occurred in Brussels, in the opening of an International Sanitary Exhibition. This Exposition Internationale d'Hygiène et de Sauvetage is a show of no ordinary kind. It differs from previous exhibitions of an inter-

national character in this—that *Art* is excluded; and those who have no appetite for scientific facts, and no aptitude for considering the dry details of existence, had better stop away. To a thoughtful person, however, the Exhibition is one of extraordinary interest. for members of every grade of society will there find objects which touch them closely. Who is safe against shipwreck or fire, and who can fail to be interested in the means of averting or escaping from these terrible calamities?

The variety of the objects shown is very remarkable, and one is astonished at the way in which the commonest things are considered as ministering to man's health and comfort, and as tending to prolong his life. The objects exhibited are arranged in ten classes, thus:—

1. Means of prevention, help and salvage in case of fire.
2. Means of lessening the dangers on water.
3. Means of preventing railway accidents.
4. Help to the wounded in times of war.
5. Public health.
6. Industrial hygiene and means of lessening the unwholesomeness of trades.
7. Domestic and private hygiene.
8. Medicine, surgery and pharmacy in relation to the preceding classes.
9. Institutions having for their object the amelioration of the condition of the working classes.
10. Hygiene and "sauvetage" in relation to agriculture.

It is a matter of regret that the United States has no exhibits and display It would seem that the demands of our Centennial had absorbed the energies of our manufacturers.

Surgical Resources.

Practitioners in rural regions often have their self-reliance and inventive genius severely taxed. One such writes us that he successfully operated for cataract with a Beers knife and Gross' pocket case. An aspirator needle attached to a piston syringe by a piece of gum tubing served as an aspirator. It relieved a young man suffering from ascites of two gallons of water, sent him to the Centennial, thence to his Michigan home. The needle cost one dollar. A Davidson syringe furnished the tubing. The latter was divided and connected with a short glass rod. This made visible the passing fluid.

A Multiple Antidote.

Dr. Jeannel, of Paris, has endeavored to answer the question:—Is it possible to prepare an agent which shall be officinal, that is susceptible of indefinite preservation, capable of neutralizing, chemically, all poisons in the stomach or in the intestine, or, at least, of transforming them into compounds relatively inoffensive, and then determining their prompt evacuation? He discusses the applicability of the agents suggested by Dorvaul, for this purpose, pointing out what appears to him to be the excellences and defects of each, and finally proposes the following:—

	Grammes.
Solution of ferric sulphate, s. g. 1.45,	100
Water,	800
Calcined magnesia,	80
Washed animal charcoal,	40

Let the solution of ferric sulphate be kept in a bottle by itself, and the magnesia and charcoal mixed with the water in another bottle. When required, pour the ferric solution into the other bottle, and shake violently. The mixture should be given repeatedly in doses of fifty to one hundred grammes

According to Jeannel's experiment, this antidote, employed in suitable proportions, renders completely insoluble the preparations of arsenic, zinc, and digitaline, but not the oxide of copper. It leaves in solution notable quantities of mercuric oxide and appreciable quantities of morphia and strychnia. and does not decompose or precipitate either the cyanide of mercury or tartar emetic. It completely saturates free iodine, but acts only partially on solution of the alkaline hypochlorites.

Nutritive Power of Fibrine.

M. Eyssanter communicated in March, 1876, to the Medical Society of Lyons his researches on the nutritive powers of fibrine. These powers are much increased by the addition of iodine. The author considers that iodine can thus be introduced into the organism without any danger by means of the dried fibrine. The latter may also be combined with chalybeate salts, the citrates and tartrates, the pyrophosphites, the ammonio-citrates, and especially the iodide of iron. All these combinations are easily absorbed, and present, in a small bulk, the greatest possible proportion of nutritive elements.

Therapeutic Notes.

QUININE INJECTIONS IN SUNSTROKE.

The experience of last year in India, and of this summer in this country, speaks strongly for the value of hypodermic injection of quinine in sunstroke. Five to ten grains may be thrown under the skin, of course using the cold douche, etc.

FOR BURNS.

℞. Glycerine, ℥v
White of egg, ℥iv
Tincture of arnica, ℥iij.

Mix the glycerine and white of egg intimately in a mortar, and then add gradually the arnica. Apply freely on linen cloths night and morning, having previously washed the burn with castile suds.

CHLORAL PLASTER.

For neuralgia, rheumatic pains, etc., use the ordinary emplastrum roborans, and powder it with the chloral. Apply the plaster to the affected part and leave it from twenty-four to forty-eight hours. When taken off, the skin is found studded with vesicles; these are to be pricked with a pin, followed by a dressing with simple ointment. The pain vanishes long before the vesicles are dried up.

ANTIDOTES FOR MUSHROOM POISONING.

The poisonous principle in toadstools is muscarina. In a recent lecture, Prof. Schiff illustrated the antagonistic action that exists between muscarina and some of the solanaceæ, like belladonna and stramonium, with their alkaloids, atropine and daturine, and proved, from experiments on rabbits, that the fungous poison may be promptly and efficaciously counteracted, by daturine particularly. Italian apothecaries now keep that alkaloid in the rural districts, where the consumption of edible fungi is apt to occur, and there is no saying how soon such frequent mistakes may cease to have a fatal or even dangerous result.

The Health of Dentists.

At the recent meeting of the American Dental Association in this city, Dr. A. H. Brockway read a paper, treating the subject of "The Health of the Dentist as Influenced by the Modern Mode of Practice." He considered the use of amalgam, non-cohesive gold, and the combination of gold and tin, instead of adhesive gold, in many cases where the strength and physical ability of the dentist has been so largely taxed, as important conservators of health and energy. The enlightenment in the dental science by the invention of the mallet, the rubber saw, the burring engine, and other appliances, has also proved a valuable help to health in the performance of numerous arduous operations.

Dr. John Allen, of New York, submitted a report, which asserted that the peculiar nature of a heavy dental practice tends to overtax the system more than other professions. This is not only due to the close confinement to which dentists are subjected, but also to the intricate, long and trying operations which they are continually called upon to perform, and to their neglect of certain established universal and irrevocable laws of nature, distinguished among which is the baneful influence of stimulants and narcotics, to which they often resort for relief. A special recommendation was that operating rooms be arranged with a close regard to ventilation, and also that the office hours be lessened and more time devoted to recreation.

Medical Mutual Aid Society.

Dr. Frederick Horner, of Virginia, writes us that the physicians of that State propose establishing a society, the members of which are to be assessed annually two dollars for a permanent fund, and are to pay in addition the same amount to the family or heir of any deceased member. This is a most praiseworthy plan, much superior to that of life insurance, as now generally conducted. The profession is not an enriching one, and many worthy members leave their families well-nigh destitute. Some provision for them can thus be securely made.

Rabies Successfully Treated by Woorara.

The *Veterinary Journal* for July states that Offenberg, in his recent inaugural dissertation at the Berlin Hospital, gives the case of a girl, twenty-four years of age, who had been bitten eighty days before by a dog supposed to be rabid. Injections of morphine and the inhalation of chloroform having been used without benefit, seven injections of woorara, amounting in all to three grains, were given in the course of five and a half hours. First the muscles became steadier, then the convulsive seizures less frequent, the dread of water and the photophobia disappeared, and the voice improved. Some symptoms of paralysis now appeared, which reached their maximum the following

day. On the second day there was a slight relapse of the symptoms of rabies, which was checked by an injection of a little less than half a grain of the woorara. The patient recovered slowly, a certain degree of weakness and sluggishness only remaining after two months.

The Dispersion of Ovarian Cysts by Electricity.

The *Allg. Med. Central Zeitung*, of June and July, contains an article by Dr. J. W. von Ehrenstein, of Dresden, describing his successful employment of electricity in the treatment of ovarian cysts. The brilliant results he sets forth deserve to attract the attention of all readers who may have these cases to deal with. It would really appear as if the operation of ovariotomy may become of extreme rarity, by the timely employment of the electrical current. We have not yet received the conclusion of Dr. Ehrenstein's article; when it reaches us an abstract of it will be laid before our readers.

The Silphium Cyrenaicum.

This plant, akin to our Prairie Burdock, common in Ohio and Michigan, has, like its American relative, considerable renown as a pectoral. Dr. Laval, of Paris, even claims to have used it with excellent results in the early stages of tuberculosis. Prairie Burdock has been extolled in this country in scrofulous affections, and doubtless has a certain efficacy.

Pulling at the Placenta.

This common habit among accoucheurs was justly condemned at a recent medical meeting, by Dr. Lyon, of Peterculter. He believed that after the child was born a period should be allowed for the uterus to rest; and, unless signs of flooding came on, the uterus should not be grasped as soon as the fœtus was expelled. Nature should be imitated, and a period of rest allowed. The expulsion of the placenta, when allowed to take place naturally, is by the edges coming first, the placenta being doubled and folded on itself; the folds being always in the direction of the length of the passages. When traction is made on the cord, and this is continued till the complete expulsion, the part first expelled is that into which the cord is inserted. This should not be the case. If it were necessary to help the expulsion, the best way is to lay hold of the edge of the placenta with the finger, and use a little gentle pressure, so as to assist in the natural folding. The only defence for pulling at the cord is its tending to ensure contraction of the uterus, but there are better means for doing this.

Ulceration of the Frenum Linguæ in Whooping Cough.

At a meeting of the Harveian Society in London, Dr. Morton called attention to the frequency of this symptom. This coincidence of ulceration in this particular position with pertussis is not new, though English authors have not referred to it, except casually, in association with stomatitis. This ulceration has been described in both French and German literature, more especially by Bouchut in his works on diseases of children and new-born infants; though what relationship it has to pertussis, or why it exists at all in that position, is not decided. It is probably owing to irritating secretions.

Treatment of Prolapsus Recti.

In a letter written shortly before his death, Professor Stromeyer said:—"Among the presents which I received, there was one, however, which, a trifle in itself, was highly valuable to me, because I could regard it as a proof that my physiological way of explaining cases is still successful in practice. It was a small piece of carpet-work, made by a young lady whom I had lately cured of a large prolapsus recti by warm baths and a little magnesia. I consider this dreadful complaint as a consequence, not of paralysis, but of irritation—spasmodic reflex action. The case would have been operated upon, probably, by actual cautery, if my interference had not taken place."

Capillary Congestion of the Face.

The disfiguring redness of the face, brought about by enlargement of the capillary veins, can, according to Mr. Balmanus Squire, be remedied by division of the veins at right angles to their course. The instrument he uses is a cataract needle, the head being about four times the customary size; with this he makes parallel incisions over the affected space. By using Richardson's ether spray, the operation is rendered painless, and but little blood flows. The incisions heal perfectly in a week or fortnight, and after a month the skin regains its normal degree of pallor, and no trace of the operation remains.

CORRESPONDENCE.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XI.

THE ANATOMIST IN THE ART GALLERY.

CENTENNIAL EXHIBITION, Aug. 21st, 1876.

ED. MED. AND SURG. REPORTER:—

The naturalist Pliny tells the familiar story of Apelles, the greatest of Grecian painters, that he used to expose his pictures to public criticism, and profit by even the humblest. One day a cobbler pointed out a defect in the drawing of a shoe. The next day, passing that way again, he observed that the painter had corrected the error he had spoken of. Convinced by this that he was an art critic, he proceeded to find fault with the leg. But Apelles interrupted him with the famous advice, *Ne supra crepidam sutor:* Let the shoemaker stick to his last.

As anatomists, however, physicians may claim the privilege of proceeding to the leg and beyond. They have a just title to be heard in reference to the proportion and hues of the human form. And presuming on this, I shall invite your readers into the rooms of the Art buildings devoted to artists of the United States, to discuss the anatomy of the figures there portrayed.

And first they will be struck with the fact that they will find little in their line to exercise their knowledge upon. That of shoemakers, merchant tailors, and modistes would be more in demand. American artists seem to have expended their energy chiefly on painting broadcloth, and laces, and other dry goods; their people are lay figures to show these off. Of the mighty and the tender scenes in nature which glorify our land, there is not much shown; and of the "noble, and nude, and antique," hardly a half score paintings amid these many hundreds.

The consequences of neglect of the life model are painfully apparent to the anatomist. Evidently these artists have learned to draw from flat surfaces, from nerveless mannikins and plaster casts, and the result is that the inexpressible sheen of life which gleams from the canvas of Titian and Rubens escapes their pencils. The painter needs practical dissection as much as the surgeon; and he further needs constant observation of the life model to catch the reflex of light from quivering flesh, the infinitely varied outlines of muscle in motion, and the harmonious action of living limbs.

I do not find this in the principal American artists. Take Rogers' groups, which have much wide popularity. A full collection of them is on display in the Art Annex. Not one among them shows *form*. Clothes and physiognomy have occupied the artist. The lower limbs are stiffly disposed, and the figures in many instances disproportionately tall.

In an adjacent room is the "Almeh" of H. H. Moore, a dancing girl, nude to the waist. The artist has endeavored to portray active muscular exertion combined with the languishing debility of desire. The flesh is grayish, the muscles indistinct. She has no blood, no vigor, no fire.

A large and striking picture is J. A. Oertel's "Shadow of a Great Rock in a Weary Land." A fainting traveler has just succeeded in reaching the shadow of the rock, where flowers blossom and cool water trickles down. Beyond is the hot desert and the dark simoom cloud, the sharp dry rocks and the corpse of him who has fainted on the way. The central figure is half draped, and a fine and accurate study. The serratus magnus shows with clear but not overnice precision; the veins are enlarged and dark, as in extreme thirst; the eyes inflamed with the sand. The face, however, mars the effect. It is utterly epicene, and the observer wonders what sex the artist intended it for, and has to look at the mammæ before he decides.

Conspicuously bad are the muscular studies in Mr. H. P. Gray's "Wages of War." A bare-armed warrior holds aloft a blade, prominently showing a biceps just as large at its origin and insertion as in the belly of the muscle. Another painting by this artist, though an earlier one, we believe, the "Apple of Discord," shows the goddess of love with soft and accurate outlines. It is, if I mistake not, a copy.

Another Aphrodite, one of the very few nude studies, is by Mr. H. A. Loop, of New York. Except the left leg and thigh, especially the left gastrocnemius, which is heavy and œdematous, this figure is pleasing and correct.

The gastrocnemius, indeed, is a muscle about which painters seem to have curious anatomical notions; witness the extraordinary one on the painting of an Italian boy, "Miguel," by Mr. J. L. Stewart, of this city, No. 265.

Rothermel's pictures, of which there are quite a collection, indicate more attention to face and grouping than to anatomical accuracy. The muscles he paints are neither defined in outline, flesh-colored, nor symmetrical. The painting in which these faults are most conspicuous is his "Christian Martyrs in the Colosseum."

In fact, as I said above, the works of nearly all the American artists show a deficient study of the life model; and if they ever expect to excel in the portraiture of the real, they must pass a much longer novitiate at the dissecting table, and give more attention to the living body and less to lay figures than they evidently do at present.

Before leaving the galleries, your readers should look at a few pictures of professional interest. The two to which I would especially direct their attention is "The Anatomist," by Max, and the "Lesson in Anatomy," by Feyen, of Paris. The former is in the United States collection, though the artist is a German.

The anatomist is seated before a table laden with crania, books and instruments; in front of him is his subject, stretched on a trestle, covered with a sheet. He has just drawn this from the face, which he is thoughtfully contemplating. It is that of a woman, young and fair. A wealth of golden hair lies in disorder around the pallid features; the slight covering reveals the rounded outlines of

"The treasure
"Of limbs too delicious for death."

It is a masterly delineation, full of noble thought.

In the French department, M. Feyen's picture represents Velpeau, surrounded by his assistants and students, about to commence a demonstration on a male subject in the pathological rooms of La Charité. The faces are portraits and are well painted, though to my mind the artist has failed to catch the peculiarly vivid and energetic light which marked Velpeau's countenance in lecturing, an expression which I distinctly recall, though many years have passed since those murky Paris mornings when I made my way from the Place de l'Odeon to La Charité. Yours, A.

On Puerperal Eclampsia.

ED. MED. AND SURG. REPORTER:—

Of late there seems to have been a marked increase of cases of puerperal eclampsia in my field of practice and observation. Judging, also, from the articles upon the subject of late in your valuable and welcome REPORTER, there seems to have been an increase of interest in regard to the disease in the minds of the profession. With all due respect for those gentlemen who have lately written and spoken upon the subject, I would honestly ask if any patient ever recovers who is stricken with what we term puerperal eclampsia? I mean puerperal eclampsia, pure and simple, with no hysteria about it, and like the case reported by W. T. Chandler, M. D., of Campbellsville, Kentucky, in your number of June 3d.

I practiced six years and a half in this county before I met with the first case of puerperal eclampsia, or learned of one in the practice of my neighbors. In this period I did a fair amount of obstetric business, such as most "country doctors" do. During the last eighteen months I have taken notes of six cases of puerperal eclampsia, and *all fatal*. Two of these cases I saw in consultation with medical gentlemen of good standing and ability; one I saw alone, a midwife, however, attending at the birth; and three were reported to me by others. Two of these cases were attended by medical gentlemen of ability; one had no regular medical attendant. Four were primipara; two multipara. In two the convulsions were antepartum; four post-partum. All died within thirty hours after the first fit. In one the first seizure did not occur until twenty-four hours after delivery. In both the ante-partum cases delivery was effected by the forceps.

Now, these cases are instructive and true ones. They were correctly diagnosed. We (I speak for the regular profession of my county) know puerperal eclampsia when we meet it. They were treated systematically, persistently, and by the most usual, and even unusual methods. Bleeding was employed, but not to the extent which Dr. Scott, of Parkersburg, pushed it, as related in your July 1st number. Hypodermics, bromide, chloral, chloroform, etc., to the end of the list, were used. Not all in the same case, of course; but whatever was done in either case failed completely and disastrously. And yet gentlemen talk so flippantly of these things. In the obstetric section of the American Medical Association, gentlemen are reported as saying that "as a rule all cases get well!" One says, "with very little treatment." Most astounding fact.(?) Two of these cases that I have reported had absolutely no treatment, and the tragic scene was closed in a few short hours with them.

Mr. Editor, I was forcibly impressed by the remark of one of the members of our county society at its last meeting, when he said that he "believed that some of the wonderful results reported in our journals only occurred in the imagination of the reporters." I boldly aver my skepticism as to these remarkable results attained by "never-lost-a-case" reporters (if they ever had a case to lose), and confidently predict that they will lose the very first case of *real* puerperal eclampsia that they may be called upon to treat.

Let gentlemen report their *fatal cases* as well as their successes. R. L. MOORE, M. D.

Spring Valley, Minn.

Two Almost Centenarians.

ED. MED. AND SURG. REPORTER:—

Died, on the 28th of June, a few miles north of Huntington, Indiana, Mr. George Royer, aged 99 years, 10 months and 8 days. Mr. Royer was born in York county, Pennsylvania, on the 20th of August 1776, amidst the din of the war for independence, only a few days too late to be a subject of Great Britain. He removed at an early day to Montgomery county, Ohio, and from thence, about thirty years ago, to Huntington county, Indiana, where he remained until his death.

A schoolmate of Mr. Royer's, Mr. Jacob Kitt, was in my office on Monday, the 10th inst, who was also born in York county, Pennsylvania. Mr. Jacob Kitt was born in 1780, and was married in 1800; removed to Ohio in 1804, where he remained forty years, cultivating the same farm, raising a family of fifteen children by one wife. In 1844 he removed to Huntington county, Indiana, where he yet remains. The old gentleman is still of sound mind and comparatively strong in body. On the morning he was in my office he had ridden six miles

over a rough road, for the purpose of receiving some medical advice for himself. He said he had not taken any medicine for many years, but was somewhat affected with pain in the back and shoulders, for which Dr. Yingling and myself applied six cups along the region of the spine and shoulders, scarifying very freely. He sat upon a chair during the operation, never uttering a moan, and after it was through, and after resting a few minutes, he expressed himself as ready to return home, a distance of six miles. His health is such as to warrant a hope of seeing from twelve to fifteen years more of life. Indiana has the reputation of being a sickly State, but if any one county in any State can produce so aged a pair let them bring on the men.

The above scrap of history was related to me by Mr. Isaac Kitt, a young gentleman of sixty-seven years, and fifth child of the old gentleman. J. E. Lyons, M. D.

Huntington, Indiana, July 12, 1876.

News and Miscellany.

The International Medical Congress.

There is every prospect of a very successful session of this body, on the 4th of September. Many eminent European medical men will be present. One thing only is deficient, and that is the *fund*. Philadelphia physicians should aid freely in this respect. Five dollars a piece from half of the regular profession in Philadelphia would supply the deficit. Let every reader of this article in the city enclose this amount to the Treasurer forthwith.

The "Code" Abroad.

If our code of medical ethics does get some hard knocks at home, it has honor enough done it abroad. In the meeting of the German Medical Association (Deutsche Aerzte-Vereinsbund), at Düsseldorf, June 28th, representing fifty-three hundred medical members, the committee recommended the various local associations to adopt, as the general rule of their relations to the public, the translation of our code, published at Munich about two years ago.

Medico-legal Significance of the Corpus Luteum.

The case of Miss Clara Fisher is exciting some comment in Boston. This lady died while under the influence of ether, administered by Dr. Sinclair. There was suspicion of criminality, and an inquest was held. Speaking of its results Dr. David W. Cheever writes to the *Advertiser*, in the interests of the lady's reputation, and urges that the sole evidence of her unchastity was the discovery of a true *corpus luteum* in one of the ovaries, an evidence which is not by all physicians considered an infallible sign of loss of virginity, and cites that instances are on record in which appearances indistinguishable from a true *corpus luteum* have been found in the ovary, where there was no possibility of conception. There is no doubt but that he is correct in this, and the coroner deserves censure for admitting evidence to the contrary.

Personal.

—Dr. J. M. Toner, of Washington, has offered the profession of Pittsburg to donate them a library of medical and scientific works of the value of $20,000, imposing, however, two conditions: First, he asks that a fire-proof building be erected for the library; and second, that it be called by his name. He agrees to donate further a sum sufficient to secure to the library an annual lecture on medical and scientific subjects.

—Dr. Lemoyne, of Washington, Pa., has actually made a contract for the erection of a furnace for the burning of his own body after death, and also those of any others who may desire this luxury. It is said applications come all the way from Boston for the right to be burned in the apparatus.

—Vincenzo Sartori, for many years the Pope's body-surgeon, is dead. Dr. Sartori had numerous posts of trust. As surgeon-in-chief of the Ospedale della Consolazione he earned honorable reputation as an operator and as a clinical instructor.

—George Truits died near Crawfordville, Ind., on the 7th instant. He was born January 2d, 1763, and hence was in his 114th year. He was an associate of Daniel Boone, and lived in Montgomery county, Ind., since the year 1821.

—Dr. Charles Rich, of Albany, had one leg so badly mangled in a mowing machine, a short time since, that amputation between the ankle and knee was found to be necessary.

—Dr. C. C. Vanderbeck, 1011 Walnut street, Philadelphia, desires physicians to report to him instances of idiosyncrasies in regard to the action of drugs upon the system.

—Drs. D. S. Reynolds and M. F. Coomes have been appointed as the surgical staff to the new Louisville Eye and Ear Infirmary.

Items.

—A corporation has recently been formed in St. Louis to support a hospital for reforming and restoring to health of mind and body such persons who are addicted to drinking, using opium or other narcotics, as may voluntarily come to it or lawfully be committed to it.

—A "Woman's National University" has been established in Washington, "to afford to women a thorough knowledge of science, divinity, medicine and law, both in theory and in practice." Professors of Law, Medicine, Language and Social Culture have been chosen.

—The effects of bad government in South Carolina are vividly presented by Dr. Ensor, Superintendent of the State Insane Asylum, who says: "The time has arrived when the inmates of that institution must receive assistance or starve. The institution is largely in debt, its credit is gone, and parties who have been furnishing beef, bread, milk, etc., have given notice that they can no longer continue to supply these articles unless there is some guarantee given them that they will be paid."

—In San Francisco, a number of Chinese lodging houses were raided upon and their occupants arrested, for violating the California law requiring that every sleeper shall have a specified number of cubic feet of air. There were in all thirty heathens taken into custody, eleven of whom were in a room containing but 2436 cubic feet of air, eight in a room containing 1440 feet, six in a room of 1361 feet, and five in a room containing 1589½ feet.

—Failure to report a case of small-pox in San Francisco, involves on the part of the occupant of the premises a penalty of $500, or six months' imprisonment.

—A little girl died at Barnard, Vermont, recently, from paralysis caused, it is said, by the poison in colored stockings which she had been in the habit of wearing.

—The latest remarkable spring discovered is near Pass à l'Outre, Louisiana, the water of which is said to cure paralysis.

—The annual death-rate of New York is still over 31 to a thousand.

QUERIES AND REPLIES.

Dr. J. N. M. Wishes a treatment for persistent vomiting in pregnancy. All the usual remedies have failed.

Dr. W. H. C., of N. Y.—You should address the Surgeon General, U. S. A., and the Chief of the Bureau of Medicine and Surgery, U. S. N., for the information you ask.

Dr. J. A. L.—The credentials required from delegates to the International Medical Congress are the certificates of the president or secretary of the State Medical Societies, that such delegates have been appointed.

OBITUARY.

DR. W. W. ALEXANDER.

East Tennessee, which so recently lost one of its most respected physicians, Dr. F. K. Bailey, has now been deprived of another conspicuous member of the profession, Dr. W. W. Alexander, of Athens. He graduated at the medical department of the University of New York, in 1854, located two years later at Athens, and soon displayed an active interest in professional studies. During the war he was an acting Assistant Surgeon U. S. A., and subsequently was appointed examining surgeon for pensions. His contributions to medical literature were numerous, in this and other journals, and were marked by close observation. He also wrote much on sanitary and hygienic topics for the public press. The last few years his health gave way, apparently from the results of a spurious vaccination. He foresaw and contemplated with entire calmness his end, and a few weeks before his decease announced its near approach to the writer of this notice, in a letter composed with his usual vigor of style and thought. Dr. Alexander was born at Rogersville, East Tennessee, July 18th, 1830, and died August 1st, 1876. B.

MARRIAGES.

CALLAN—WHITE.—Thursday, 20th of July, at the Cathedral, Louisville, Ky., by Right Rev. Bishop W. G. McCloskey, assisted by the Vicar General, Father Dunn, and Father Baxter, Peter A. Callan, M. D., and Angele I., daughter of the late Lewis J. White, Esq., both of New York city.

DAMERON—CARTER.—In Newport, Ky. July 25th, by Rev. T. B. Knowles, Dr. E. P. Dameron and Ida, eldest daughter of Captain J. Lawrence Carter.

CLAPP—ROWLAND.—On the 2d inst., at Fairlawn, by the Rev. T. J. Aiken, assisted by the Rev. John Squier, Dr. L. Wheaton Clapp, of Pawtucket, Rhode Island, to Mollie R., only daughter of J. Harvey Rowland, Esq., of Cecil county, Md.

CLEVELAND—FROST.—In Saint Johnsbury, by Rev. E. T. Fairbanks, Dr. Edward S. Cleveland, of Lawrence, Mich., and Emma E. Frost, of St. Johnsbury.

HALL—HAWS.—July 12, 1876, by Rev. D. W. Gordon, Robert W. Hall, M. D., of Northfield, Desmoine county, Ia., and Miss Anna Mary Haws, of Marple, Delaware county, Pa.

MCBRIDE—CHAMBERS.—In Pottstown, on the 20th of July, at the residence of Major Griffith Jones, by Rev. Byron McGann, Dr. J. B. McBride, of Bridgeton, N. J., and Miss Minnie, daughter of Lee Chambers, Esq., of Louisville, Ky.

MATLACK—DOWNING.—In East Brandywine, on August 1st, before Alderman Benjamin French, Dr. William H. Matlack, of Downingtown, and Miss Sallie V. Downing, of Bellefonte, Pa.

DEATHS.

BRIGHAM.—In Montpelier, June 8th, Conrad Atherton, son of Neil and Dr. H. C. Brigham, 10 months; June 9th, Neil, wife of Dr. H. C. Brigham, and daughter of A. A. Atherton, of Waterbury, 28 years.

CLARK.—Entered into rest, at Batavia, New York, on the 22d of July, 1876, Norris G. Clark, M. D., aged 58 years.

FLANDERS.—In Covington, Kentucky, on the 18th instant, of acute inflammation of the brain, Dr G. Flanders, aged 34 years.

GARRETTSON.—Sunday, July 30th, at 2¼ P. M., at his residence, Linwood, Dr. Jesse Garrettson, aged 66 years, 3 months, and 10 days.

HODGE.—Suddenly, July 31st, Charles Hodge, Jr., M. D., of Trenton, New Jersey, son of the Rev. Dr. Charles Hodge, of Princeton.

HOWE.—On Friday, August 11th, John Howe, M. D.

MILLS.—On the 8th of August, 1876, Harriet Peale, daughter of Dr. Charles K. and Clara E. Mills, aged 3 months and 10 days.

ROWAND.—At Camden, New Jersey, Joseph T. Rowand, M. D., in his 70th year.

WILDMAN.—In this city, suddenly, on July 25th, Dr. Elias Wildman, in the 66th year of his age.

WRIGHT.—On Saturday, July 22d, George P. Wright, M. D., eldest son of the late Dr. J. C. Wright, aged 37 years.

THE

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Original Department.

Communications.

GYNECOLOGICAL CASES—1. VAGINAL TUMOR. 2. CERVICAL ULCER FROM LACERATION. 3. METRORRHAGIA, WITH RETROFLEXION.

BY GEORGE B. FUNDENBERG, M. D.,
Of Cumberland, Md.

Each of the following cases, from my note-book, possesses some peculiarities unusual, and I think instructive.

Case 1.—June 13th, 1876.—Six months ago, Mrs. L. R., of Bridgeport, Pa., a very stout woman, weighing two hundred and twenty pounds, aged 38, and mother of ten children, consulted me in regard to a tumor of about the shape and size of a large cocoanut, covered with thickened brawny integument, and attached to the upper part of the vaginal orifice by a broad pedicle, situated above the urethra. The labia majora ran up on the under surface of this tumor an inch and a half, and the clitoris was also stretched out upon it.

The tumor had appeared, without any known cause, soon after her second accouchement, fourteen years ago, and had been gradually increasing ever since. Up to this time, judging from results, it had not been an insuperable obstacle to conjugal relations, nor had it been the cause of any difficulty in delivery.

As the patient was again pregnant, and seven months advanced, I declined to operate, and advised her to wait until she should be safely over her approaching confinement.

To-day she returns with a fine large boy in her arms, four months old.

Assisted by Drs. McGill, Green, Schindell, and Parsons, I now proceeded to operate. The patient was put under the influence of ether. Upon a careful examination of the tumor, such was its hardness and absence of fluctuation, it was difficult by mere inspection and palpation to decide whether we had a solid or encysted growth to deal with. The exploring needle, however, soon settled the question, by giving vent to a black-brown fluid. The trocar was now introduced, and a pint of syrupy, dark-brown, odorless fluid withdrawn. The sac was now slit open, and the redundant tissue, with the main portion of the sac, removed, care being taken not to interfere with that portion on the lower surface of the tumor to which the labia and clitoris were attached. That portion of the sac which constituted part of this extension was not excised, as it was quite certain that the inflammation following the operation would obliterate all remnant of a sac, and thus prevent any return of the tumor. The parts were united by silver wires and dressed with cold water dressing. The patient went home in eleven days after the operation.

The fluid evacuated formed a solid coagulum when subjected to heat. Under the microscope nothing but a confused mass of amorphous corpuscles could be seen. These were probably broken down blood-disks, etc.

This case is not reported because of anything new or difficult in the operation, but because tumors in this situation, and of this size and age, are quite unusual in the annals of gynecology.

Case 2.—Not long ago I was called to see Mrs. ——, a large, well-developed, married

lady, aged thirty-seven years, and mother of one child ten years old. She had been suffering for ten days previously with quite a free discharge of blood per vaginam, which had come on gradually, had been daily increasing in quantity, and now and then in such quantities as to become alarming. When I saw her she had just had a very copious hemorrhage, and was pale, with an anxious countenance and a weak, thread-like pulse. I ordered ergot, cold to hypogastrium, strict recumbency, and afterward a gentle aperient. After endeavoring for three or four days to moderate the flow, and trying in succession all the most approved remedies in vain, I stated to the patient that a vaginal examination would be necessary. To this she decidedly objected, and after another period of three days occupied in a vain attempt to arrest the discharge, I stated to her that unless I were permitted to make the requisite investigation I would be compelled to decline any further responsibility in the case, and accordingly took my leave, but only to be recalled on the evening of the same day, when I found her lying on the floor drenched with a frightful flooding, pulseless, and exsanguine to an extreme degree. The tampon and stimulants enabled her to rally, and next morning she was quite willing to submit to an examination. The speculum disclosed a deeply excavated ulcer, an inch and a half in diameter, situated on the enlarged posterior lip of the os uteri, and running into the cervical canal. This sore, with its sharply-defined edges and angry-looking base, suggested to my mind the idea of an epithelial cancer, or the corroding ulcer of Clarke, more than anything else. I cauterized its surface with chromic acid (equal parts of the crystals and water), applied a pledget of cotton saturated with glycerine, and ordered rest. I repeated this operation every five days, and soon had the pleasure of seeing the ulcer begin to heal. The hemorrhages were insignificant after the first cauterization, and in six weeks the sore had entirely closed, and the patient remained well. She now confided to me the circumstance that, supposing herself to be pregnant, and not wishing to have any more children, she had passed a bodkin up to the womb, and that blood had flowed immediately after its use. The result, however, proved that most probably she had not been pregnant, as nothing but fluid blood ever passed, to her knowledge.

The importance of insisting upon an examination in all cases of menorrhagia or metrorrhagia that resist all usual treatment is well illustrated in this case. A physician only does himself justice who promptly declines any further responsibility when this is not acceded to. That a simple ulcer, arising from a lacerated wound of the os, should bleed in such a furious manner as to endanger life, is remarkable, and can only be explained by remembering that this patient was approaching the "change of life," a period when irregularities of menstruation and floodings are to be expected. In this case menstruation had been arrested for several months, and the congested womb took advantage of this artificially created channel to pour out its blood, and a fluxion having been established toward the irritated parts, the flow continued to dangerous excess.

Case 3.—I was called on the 22d of June last to see a married lady, aged 26, who had had three successive abortions in the early months of pregnancy. The last one, which occurred four months ago, the patient being two and a half months advanced, was preceded by a hemorrhage for ten days before the abortion ended. According to the statement of the lady, both fœtus and placenta came away together. The flow of blood did not, however, cease after the expulsion of the contents of the womb, but had continued up to the time when I saw her, sometimes in excessive quantity, sometimes with gushes of fluid blood and coagula, but never ceasing altogether. She was exceedingly anæmic and prostrated. A digital examination revealed the os low down and somewhat patulous, and the fundus sharply retroflexed. The speculum disclosed the os and cervix free from erosion and congestion, but blood flowing continuously from the uterus. The sound passed three and a half inches. As this patient lived fifteen miles from the city, and was not able to bear the expense of repeated visits, I felt compelled to adopt such active measures as would give her the best chance of relief. All the usual remedies had already been tried by her physician for four months. I therefore repeatedly passed over the entire internal surface of the uterus an applicator armed with a pledget of cotton saturated with Monsel's solution of perchloride of iron. I then with the sound anteverted the womb and directed the patient to lie habitually with the front of the body downward. I prescribed mild laxatives to relieve congestion, and ordered the cold hip-

bath morning and evening, with ergot internally. This treatment was continued for eighteen days, when the patient came to town, and stated that all discharge had ceased a week before. An examination showed everything right, except that the womb was again retroflexed. The sound now measured only two and a half inches. I now adapted a pessary, which held the womb in proper position, and sent her home.

In this case all the usual treatment had been tried for four months in vain, and a single effectual application of the iron, with suitable adjuvants, arrested the hemorrhage in a few days. There can be very little doubt but that a retroflexed uterus, by preventing the discharge of the blood from its cavity as fast as effused, was the main cause of the long continuance of the bleeding. The blood often came in gushes, being prevented from escaping by the bent cervix; the blood accumulated in the cavity of the womb, the vessels opening into it became enlarged, and at length, when the distention became so great as to overcome the resistance presented by the flexed cervix at the os internum, the contents escaped with a gush. Therefore, one of the prime indications was to straighten the canal and permit the blood to escape as fast as effused, and thus enable the ergot and cold bath to condense its tissues. Indeed, it may be safely predicted that this measure alone would, by permitting the spontaneous involution of the uterus, have been sufficient to restore the parts to their integrity, only, perhaps, in a more gradual manner, and with less éclat to the doctor.

CASE OF TUMOR AT THE BASE OF THE TONGUE.

BY L. B. KLINE, M. D.,
Of Catawissa, Pa.

In the latter part of October, 1875, Mr. O. J., aged 69 years, called to see me, complaining of his throat. Upon making an ocular examination, I noticed some degree of congestion of the mucous lining of the fauces, for which I prescribed some simple gargle, thinking it an attack of ordinary sore throat, a difficulty to which he was somewhat subject. The gargle gave relief, but did not wholly remove the trouble. In the course of a week or two he went with his wife, by my direction, to consult my friend, Dr. J. Solis Cohen, of Philadelphia, for a laryngeal affection. After having examined Mrs. J. with the laryngoscopic mirror, Mr. J. incidentally remarked to the doctor that he had a slight difficulty of the throat; an examination was proposed with the mirror, and a growth discovered, which the doctor, in a communication to me, described as "a firm tumor at the base of the left half of the tongue, about the size of half a small walnut." In view of the location of the tumor and the age of the patient, he very naturally entertained suspicions of a carcinomatous nature, though he afterward stated the opinion that it might be cystic. The submaxillary gland of the side was somewhat swollen and a little tender. Dr. Cohen recommended the external use of the ointment of the iodide of mercury, applied at the angle of the jaw, and the administration internally of Fowler's solution. I watched the tumor closely, and found that it continued to enlarge very slowly; it was at all times free from pain; the only difficulty experienced was in swallowing (either liquids or solids). This difficulty was of course augmented as the growth enlarged; and it finally interfered also with respiration, producing at times a suffocating sensation, particularly when the patient was in a recumbent position.

In about two weeks after the tumor was recognized by Dr. Cohen, I resorted to the local use of tincture of iodine, applying it directly to the surface of the tumor, repeating the application every twenty-four to forty-eight hours. Inclining to the opinion that the growth was of a cystic nature, I used the iodine with a view to its removal, or at least diminution, by absorption.

During the continuance of this course of treatment the patient was also seen by Dr. J. D. Strawbridge, of Danville, who concurred in the opinion that it was of a cystic character; he advised the continuance of the iodine locally and muriate of ammonia constitutionally. He, however, concurred with myself in believing that a complete cure could only be secured by the removal of the tumor by operation. It may be proper to remark in this connection that Dr. Cohen suggested injecting tincture of iodine hypodermically into the growth, but in consequence of its difficulty of access in this manner, the suggestion was not acted upon.

The chief point of interest in connection with this case is that, after having used the iodine

locally and the muriate of ammonia constitutionally for several weeks, without any appreciable effect on the tumor, and when I had determined that, in view of its continued enlargement and the difficulty experienced in swallowing and breathing, an operation for its removal was imperatively demanded, the cystic wall gave away and its contents were discharged. Upon making an examination a day or two afterward, I found the tumor wholly removed.

My idea as to the cause of this occurrence is that the walls had become weakened from the effects of the frequent application of the iodine. I continued the use of the iodine for a few days longer, with the view of preventing its re-formation. Mr. J. has since been free from unpleasant symptons.

The case, in view of its unique termination, is an interesting and instructive one.

ON THE USE OF HYDRATE OF CHLORAL TO PREVENT THE RECURRENCE OF THE MALARIAL CHILL.

BY BENJAMIN LEE, A. M., M. D.,
Of Philadelphia.

On the afternoon of October 2d, 1875, I was called to see a young Swiss lady suffering from high fever, with delirium and intense headache. As I was already attending two cases of herpes gutturalis in the same family, I concluded that she had caught the prevailing epidemic, and, although she would confess to no sore throat, put her on full doses of chlorate of potash, dissolved in water acidulated with hydrochloric acid. The following morning she was free from fever, but not from headache; was excessively weak; had slept little during the night, but had perspired considerably. The delirium had passed off, but she had no recollection of anything that she had said during its continuance. I now learned that before the fever came on, on the day previous, she had suddenly, while at the piano, been seized with a severe chill, which had continued for an hour. Coupling this with the fact that she had the summer previous paid a visit of some weeks' duration to friends in the State of Ohio, in a confessedly malarious region, I saw reason to change my diagnosis. I accordingly prescribed a mild saline cathartic, with the view of depurating by the intestinal mucous surface; and next morning, ten grains of quinine in solution, at 6 A. M., and fifteen more at 10 A. M. The chill, however, came on with even greater violence than the first; as described to me, it must have been almost pernicious in its character. When I saw her late in the afternoon, she was again delirious; the heat of skin was excessive; the pulse could with difficulty be counted, and she complained piteously of her head. Remembering the locality from which she acquired the poison, and the occasionally fatal nature of the third congestive chill, I now felt seriously concerned, and determined at all hazards to prevent a recurrence.

In conversation with a highly intelligent clergyman, who had spent many years in Texas, he alluded to the plan adopted by physicians there, in such cases, of giving a full dose of opium in anticipation of the chill, and causing the patient to sleep through the time in which it should occur. I at once determined to give the method a trial, substituting chloral for opium, as being more essentially antispasmodic in its action. Giving quinine as before, about fifteen minutes before the time at which algid symptoms had begun to declare themselves previously, I caused her room to be darkened, and all unnecessary noises about the house to be stopped; administered twenty grains of chloral hydrate, dissolved in camphor water, and left her. In ten minutes I returned to her room, with the intention of repeating the dose if there were any sign of excitement about her. She was already, however, sleeping quietly, with pulse and skin natural. I visited her at intervals of about an hour, always to find her in the same placid sleep, from which she awoke, much refreshed, about 4 P. M; the chloral having been administered soon after 10 A. M. There was no return of the chills for that season. I, of course, took the precaution to continue the antispasmodic and depurative treatment for a considerable period.

Seven months later, on the 10th day of May of the present year, she was again seized with a severe chill. Profiting by my experience on the former occasion, I now directed that she should be closely watched on the day of the recurrence, the quinine administered as before, and at the first indication of the invasion (which previously had not been awaited) the usual dose of chloral administered. The person to whom I entrusted the case had been with the patient in all the previous attacks, and was an intelligent and trustworthy observer.

At eleven o'clock she noticed a slight blueness of the nails and coolness of the finger tips, and accordingly at once gave the dose. The result was as satisfactory as before. There has, as yet, been no return of the intermittent, although the subsequent treatment was continued but a short time.

EXTIRPATION OF THE PAROTID GLAND BY THE GALVANO-CAUTERY.

Translated from *Lo Sperimentale*, Florence, January, 1876,

BY JOHN B. ROBERTS, M. D.,

Of Philadelphia.

The patient, a man aged fifty-eight years, had had for nine months lancinating pains in the left ear, radiating over the whole side of the head; there was some paralysis of the face, for the left palpebral fissure was a little wider than the right, and the angle of the mouth was drawn a little toward the median line. When the mouth was opened the paralysis of motion of the left side of the face was more noticeable. Sensation and the temperature of the affected side were normal. When the patient opened his mouth he became aware of a mechanical impediment between the jaw and the ear. He could swallow without difficulty, and examination showed no swelling in the mouth or pharynx.

The diagnosis of Professor Corradi was tumor of the parotid gland, either carcinoma or enchondroma, compressing the left facial nerve; and in accordance with this diagnosis, extirpation of the gland was decided to be the proper procedure. In order to avoid hemorrhage and to have the field of operation clear, the galvano-cautery was employed. Two incisions were made: the first was vertical, and extended from the zygoma to a point below the angle of the jaw, being about half an inch in front of the attachment of the external ear; the second, smaller and horizontal, started from the lower angle of the masseter and reached the mastoid process. After these cutaneous wounds had been dried, a steel knife, made white-hot by the galvanic current, was employed, and the whole gland was separated from the surrounding tissues from below upward.

While the operator was dissecting in the neighborhood of the styloid process, the patient, who had refused to take chloroform, motioned that he could no longer shut the left eye, which of course indicated that the facial nerve was divided at that time. During the last part of the dissection the external carotid was exposed, penetrating the substance of the gland. Two ligatures were applied and the vessel divided, after which the open orifices of the artery, about the size of a goose quill, could be seen.

At the end of twenty days the patient was well, but the paralysis of the left eye and side of the face persisted. Subsequently a swelling of the left lateral region of the neck appeared, showing a recurrence of the trouble, which the microscope had proved to be scirrhous in its character.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. LOUIS A. DUHRING.

REPORTED BY ARTHUR VAN HARLINGEN, M. D.

Eczema Rubrum of the Leg.

The patient, who is suffering from eczema rubrum of the leg, has been before the class on a previous occasion, and therefore, Dr. Duhring said he would not discuss the history of the case, but would make some remarks upon the treatment of eczema in general, and particularly of eczema rubrum. It would be, of course, impossible to go into all the details, but a general idea may be given of the methods to be recommended in the different forms of the disease. In the first place, regard must be paid to the circumstances of the patient. A plan of treatment which could be carried out in private or hospital practice, where every appliance is at hand, would not be practicable among dispensary patients; we must always take this into consideration.

Eczema rubrum is a very common affection; we meet it every day, and it is frequently of long standing. This patient has been under all kinds of treatment, she says—internal and external, arsenic, iron, iodide of potassium, tar and other ointments, etc., etc.—until the entire round has been gone through. Under these circumstances it would seem at first sight difficult to suggest anything which had not already been tried and had failed. But remedies which may not succeed when used at the wrong time, and in an improper or careless way, may succeed when appropriately and intelligently employed. A careful examination of each case, in all its aspects, should invariably precede the institution of any plan of treatment. The patient's general health should be inquired into, the locality of the disease noted, and the character of the skin affection examined. The fact of the acuteness or chronicity of the disease will decide whether one or another set of remedies will be appropriate.

The condition of the alimentary canal should be particularly inquired into, and, if at all abnormal, should be regulated by aperients—not purgatives. Among these, the natural mineral waters of Saratoga, and the German waters now so extensively used, are useful. In dispensary practice, a preparation containing the sulphate of magnesium may be employed. A tonic combined with an aperient, such as is frequently prescribed in our hospital under the name of mistura ferri acidi, will be found of service. Its action, in the ordinary dose, is gentle, and can easily be regulated to suit the case. This mixture is adapted to a large number of cases and may be used for a considerable period, its action tending to improve the tone of the alimentary canal; it not merely opens the bowels from day to day, but in fact tends to regulate them. Subsequently, arsenic may be used, but in small doses, as a tonic. If used in large doses, with a view to some supposed specific action, it is apt to disorder the stomach, and to do more harm than good. What is meant by a small dose is one to two minims of Fowler's solution three times a day. The treatment of eczema rubrum, in fine, should be general.

In many cases local treatment alone is all-sufficient. In the earlier stages of the disease, when there is considerable watery exudation, the following formula is serviceable:—

℞. Hydrarg. chlor. mitis, ʒss
Unguent. zinci oxidi, ℥j. M.

Or the following:—

℞. Bismuthi sub-nit., ʒss
Unguent. zinci oxidi, ℥j. M.

When the itching is severe, the following may be employed, whether the eruption be moist or dry:—

℞. Acid. carbolic., ɱx
Unguent. zinci oxidi, ℥j. M.

This will usually relieve the pruritus. Another ointment which generally acts very well:—

℞. Pulv. camphoræ, ad. ʒj
Unguent. zinci oxidi, ℥j. M.

Half a drachm to a drachm of glycerine added to this will often prove advantageous.

All these may be called soothing applications, and are to be employed during the acute stages of the affection. They should be applied morning and evening, the excess of the former application being gently removed with a soft cloth previous to applying a fresh quantity. The accumulating scales should be removed from time to time, but the affected limb should not be washed often. It is not necessary, in the case of a limb like the one before us, to use very much ointment; a piece the size of a chestnut, rubbed well in for ten or fifteen minutes, is sufficient. The bandage is an important aid to treatment. When the leg is the part affected, the bandage should be closely but not tightly applied, beginning at the toes and covering the entire leg to the knee, and should be changed twice a day.

Another plan of treatment to be mentioned is that by means of sapo viridis and unguentum diachyli. This is, perhaps, the best method in most cases, provided the patient can be kept under control and the treatment properly carried out.

"Sapo viridis," or green soap, is a greenish or brownish viscid soap, made chiefly in Germany, of potassa and various fats. It is also manufactured in this country, and has the advantage over the ordinary "soft" soap in general household use that its composition is more uniform. It contains twenty to thirty grains excess of potassa to the ounce.

Unguentum diachyli is not contained in the United States Pharmacopœia, nor in the Dispensatory; it is now, however, made pretty extensively, and is one of the formulæ contained in the University Pharmacopœia. It is made thus:—

℞. Plumbi oxidi, ʒiss
Olei olivæ, ʒviss.

The oil should be first mixed with water and heated; then, while fresh water is poured in and the mixture stirred, the litharge is gradually added.

The method of employing the sapo viridis and unguentum diachyli is as follows: A small piece of the soap, the size of a nut, is rubbed into the skin over the affected part, a little water being added from time to time, for ten to fifteen minutes. The effect produced by rubbing with the sapo viridis is the breaking down of any vesicles that may be present, and clearing away of the débris of epithelium, crusts, etc. The surface of the diseased skin under this procedure pours out an abundant fluid, and little bleeding points may be seen here and there. The skin is now washed thoroughly clean with warm water, and carefully dried with a soft towel; it is then ready for the ointment. This has been already prepared for use by spreading it thickly upon strips of soft linen two or three inches wide; these are now applied to the diseased surface and secured in position by a bandage. The pain caused by rubbing in the soap becomes quickly allayed, and relief follows. This application of sapo viridis and unguentum diachyli should occupy, if properly carried out, nearly an hour in its performance, and should be repeated morning and evening. It is useless to attempt this method of treatment unless it can be carefully carried out, and it is only applicable in cases where the disease is strictly local.

After two or three weeks of treatment, improvement, as a rule, ceases, and a change must be made. The following ointment is usually useful at this stage:—

℞. Picis liquidæ, ℥j
Cerat. simplicis, ℥j. M.

or some other ointment, as the dilute nitrate of mercury, or red oxide of mercury ointment, may

be employed. With one of these the cure of the patient can generally be completed.

Different patients will be found to vary as regards toleration of ointments. One will improve under an ointment containing four drachms of tar to the ounce, while for another half a drachm to the ounce is as strong as can be borne.

In regard to lotions, little has been said. These are not often used in eczema of the leg, unless the disease be very acute.

It is worth careful study to be able to cure a case of chronic eczema rubrum of the leg. The disease is one difficult to treat unless thoroughly understood.

Editorial Department.

Periscope.

Rheumatoid Arthritis and its Treatment.

The following clinical case of this troublesome complaint we extract from the *Lancet*. It was under the care of Dr. Pollock, at Charing Cross Hospital:—

C. H. P., aged twenty-nine years, admitted December 2d, when the following notes were made:—Was a clerk in a public institution, where the hours were long and the work was heavy. He had often written over twelve hours a day. Five years ago he had an attack of acute rheumatism (at least so it appeared), but without any heart affection. Said he never had syphilis or gonorrhœa.

On the 16th of September last he had an attack of "rheumatism," first affecting the middle joint of the right ring finger, the right knee and foot. He also stated that he had some affection of his eyes, which caused temporary blindness. He was laid up for two months, during which time the right knee was much swollen, and became partly flexed, owing to contraction of the tendons; but it subsequently straightened again. The condition of the right hand was as follows:—At first the inter-phalangeal joint of the ring finger became painful; then that of the middle finger, and finally that of the index finger. The pain was accompanied by much swelling. At the end of two months all the pain and swelling disappeared, except from the hand, but the knee-joint remained somewhat stiff.

On admission, the right hand presented the deformity characteristic of rheumatoid arthritis. The metacarpo-phalangeal joints, with the exception of that of the little finger, were stiff, painful, and swollen; the fingers were markedly turned to the ulnar side of the hand. The pain was especially bad at night. The patient did not perspire at all. The tongue was coated, the bowels rather costive, urine natural, appetite pretty good. Heart and lung sounds normal. Temperature normal. Ordered fifteen drops of colchicum wine, five grains of iodide of potassium, and equal parts of cinchona and rhubarb and potash mixture, three times a day, and an alkaline lotion to be applied on lint to the knuckles of the right hand.

In a few days he was somewhat better. Tongue cleaner; knee quite well. Ordered six drops of diluted sulphuric acid, three grains of sulphate of iron, and six grains of sulphate of quinine, three times a day. To continue the alkaline lotion, which seems to give great relief. The swollen joints to be painted occasionally with iodine liniment. The right hand to be kept absolutely at rest.

December 19th.—Much better. Left the hospital by his own desire.

On December 21st he was readmitted. The metacarpo-phalangeal joints of the right hand were worse, more swollen and painful. He thought he had caught cold. Tongue a good deal coated, and bowels confined. Ordered a mixture containing ammonia, rhubarb, and potash, three times a day. To go on with alkaline lotion.

27th.—Somewhat better. To take the iron and quinine mixture again.

January 11th, 1876.—The swelling has greatly diminished in the inflamed joints, and the pain has nearly gone. He can write pretty well now. Joints to be painted with iodine liniment.

14th.—Discharged at his own wish; very much better.

With reference to this case, Dr. Pollock observes that rest was of great importance to the treatment, the joints always becoming more inflamed after much movement. As soon as the digestive organs will allow, there is no treatment so successful as the administration of large doses of iron and quinine for a lengthened period, which should be given directly after meals, and never on an empty stomach. The alkaline lotion, and subsequently the iodine paint, would seem to have been of considerable service.

The Treatment of Diphtheria.

On this subject, Dr. William Yeats writes, in the Edinburgh *Medical Journal*, after describing some cases:—Regarding the treatment, more dependence was placed in the general than in the local. The general treatment was stimulating in the full sense of the term. Nutrition was directed to be administered assiduously night and day. Strong beef-tea, raw eggs beaten up, Liebig's extract of meat, and

milk, were the principal foods. Port, sherry and champagne, whichever was most agreeable, were given in wineglassful doses every three hours, day and night; and half that quantity to children. The medicinal treatment consisted of iron and chlorate of potash combined. The iron treatment was introduced by the brothers, Mr. Hamilton Bell, of Edinburgh, and Dr. C. Bell. The form and mode in which it was administered was this:—As soon as a case came under my notice, I prescribed, for adults, ten-drop doses of the strong liq. ferri perchloridi, with ten to fifteen-grain doses of chlorate of potash, to be taken in a wineglassful of water every two hours, until decided improvement was evident, when the interval was prolonged. The dose was modified for children, of course. Vomiting was usually set up by the first two or three doses, but the patient, being warned of this, was instructed to persevere, and afterward there was no trouble in this way. Constipation was rarely complained of, and when it did happen, a little glycerine added to each dose obviated the difficulty. The local treatment, which at first was employed, consisted of a strong solution of iodine, viz.:—

℞.	Iodine,	gr.xlviij
	Potassii iodidi,	gr.xxiv
	Sp. vini rectificati,	℥j.

This was painted on the affected parts of the throat daily, and seemed to be very useful. But finding the internal exhibition of iron so satisfactory, I adopted its local application also, in the following form:—Liq. ferri perchloridi and glycerine, in equal parts, which was brushed over the exudations daily. The glycerine helps to dissolve the slough, and the iron, I think, hardens the subjacent surface, and considerably modifies further exudation. Whenever laryngeal symptoms were observed, the patient was immersed in a warm bath for five or six minutes, then wrapped, undried, in a warm blanket, to induce free action of the skin, which was kept up by hot water bottles placed about it. This was immediately followed by an emetic of sulphate of copper in five-grain doses to children, which usually induced free vomiting in the course of five minutes; the throat was then well swabbed with either of the local applications, and very soon the most harassing symptoms were relieved. If there was any return, the same treatment was repeated. The results were very gratifying, indeed. In one case vomiting could not be excited by any means; but the strength, on the other hand, was well maintained, and the child recovered after two weeks' illness.

Dr. Brown-Sequard on Paralysis.

The eminent physiologist, Dr. Brown-Séquard, delivered a short course of lectures at the Royal College of Physicians, London, in which he proposes an entirely new theory of the mechanism of paralysis from brain disease, and a new basis of treatment. He repudiates the old doctrine of the causation of paralysis. According to the old doctrine, paralysis depends on disease or injury (usually hemorrhage) affecting some part which is a generator of will-force, or a conductor of it. He repudiates, also, the doctrine that recent observers have tried to establish—to wit, that there are centres of force in the brain which preside over the movements of specific parts of the body. By a large series of experiments and clinical evidence he proves that any muscle may be paralyzed by disease or injury of any part of the brain; and conversely, that at times any part of the brain may be injured or diseased without any special paralysis. Thus he disposes of the old idea that paralysis is essentially caused by disease of a special part that generates or conducts will-force. The theory he would substitute is that disease or injury of the brain has a diffusive inhibitory action radiating from, or passing in definite channels down, certain columns of the spinal cord. This recalls a theory of paralysis propounded nearly forty years ago by Mr. Herbert Mayo, and which is thus expressed in his "Pathology":—"Palsy from cerebral disease is not caused by the interruption of an accustomed stimulus, but by a new and withering influence transmitted to the origins of the nerves." It will be seen that, on this theory, paralysis is not an interception of force, nor a supression of it at a supposed centre, but a kind of blight or an inhibition sent from an injured brain to the nervous cells generally. Clearly, if this be true, treatment must have a new basis. It is of no use to treat the cause, for that is spent; the brain lesion is unalterable. But the parts which conduct will-force to the paralyzed muscles, and which are secondarily affected, must be restored to their functions as energetically as possible. The effect must be combated. Such is a nutshell view of these highly interesting and practically important lectures.

The Management of Diphtheritic Paralysis.

The eminent Sir John Rose Cormack says on this subject, in the Edinburgh *Medical Journal*:—

Iron is particularly indicated in diphtheritic paralysis, as the patients are always anæmic. There are few cases in which its administration does not prove itself in an obvious manner to be useful in a high degree. Sometimes it is only borne in very small doses.

Nux vomica, either in the form of extract or the liquor strychniæ of the British Pharmacopœia, taken daily, with some ordinary combination of laxatives, such as the compound rhubarb pill of the British Pharmacopœia, ought to constitute a part of the treatment in nearly every case. It increases the peristaltic action of the intestine, imparts expulsive and retentive power to the bladder, and likewise has a general influence in improving innervation. The dose ought to be moderate, for large doses prove too exciting to the nervous system, and so tend

to exhaust rather than invigorate its flagging powers. From half a grain to two grains of the extract once a day, with or without the occasional or constant addition of from five to ten drops of the liquor strychniæ two or three times a day, are suitable doses.

Local treatment is of the most importance with a view to direct toward the wasted and wasting muscles a greater supply of blood, and thereby improve their nutrition. Occasional blisters act very beneficially in this way; but they must not be relied on to the exclusion of the constant use of stimulating pastes or liniments. I do not know of any local stimulant more efficacious, or better adapted for continuous use, than a ginger and mustard paste. The object of using the paste is to maintain a warm glow in the skin without vesicating it. The potency of the paste must therefore be proportioned to the susceptibility of the skin. By applying too powerful a stimulant to an extensive cutaneous surface, we may be obliged to suspend the local treatment, and so impede the progress of the cure. In some excitable patients who cannot bear long-continued counter irritation of the skin, a gentle kneading of the paralyzed muscles three or four times in the twenty-four hours will be found useful as a means of directing a supply of blood to them. In such cases, after each kneading, a moderately stimulating liniment containing a small quantity of laudanum may be applied with great benefit. The laudanum prevents an uneasy bruised feeling, which is often complained of after the kneading, and in irritable subjects is apt to induce restlessness and insomnia.

Galvanic excitement of contraction in the paralyzed muscles is often decidedly useful; but it is a measure which requires to be employed with moderation and at intervals of about twenty-four hours. If resorted to too early, or too freely, it exhausts the nervous power of the affected muscles.

Treatment of Sprain.

The surgeon, Mr. John Gorham, writes to the *Lancet*:—

Mr. Aston Key used to say in his lectures: "When called to a sprain you may apply heat or cold, according to the feelings of your patient; but, on the whole, I recommend hot applications." For thirty years it has been my practice to follow my leader, and to use heat in every case. There can be little doubt that the rest enjoined and instinctively employed by the patient, whether enjoined or not, has much to do with the result in either case, and it is equally true, according to my experience, that by far the best adjuvant to rest is heat and moisture properly applied. I use the "properly" advisedly, because for a long period the topical treatment was neither hot nor cold, but a compound of the two—blowing hot and cold, as it is said, and this from sheer carelessness. A flannel steeped in hot water was used by the advocates of the hot system; lint saturated in cold water by those who adhered to the cold. By midnight, in either case, the application had become lukewarm, and the case might be said to have been conducted through its stages by rest *plus* moisture, regardless of temperature. That the employment of rest was the almost sole and efficient agent in the cure may be inferred from the labors of Mr. Hilton, who, by his writings, has emphasized this element, rest, as one of the most powerful in the agenda of surgery. But to return. Heat and moisture, if applied in a slovenly way, will mar the whole. For a sprained ankle, take a piece of lint of such size that when folded thrice it shall be four inches wide and twenty inches long—sufficiently wide and long, in other words, to completely envelop the joint; let this be soaked in boiling water, squeezed out gently, and applied to the limb. Next, take a piece of thin gutta-percha shaving or oiled silk, two inches wider than the folded lint, on which it is laid, with a margin an inch wide above and below, which lies in contact with the skin and prevents evaporation. Lastly, over the whole apply a bandage, and tie the limb on a pillow with two pieces of tape.

Dog's Milk in Rickets.

The *Gazette Hebdomadaire* states that it is the custom among the women of Monttrun, in Dauphiné, to continue suckling for two years and a half to three years, with the idea of preventing another pregnancy; and if the infant dies, the mother either adopts another, or takes a puppy into her family to carry on the process. All these puppies suffer from rickets, which resembles exactly the rickets of children, except that the deformity is never afterward remedied. These observations, and the fact that the dogs always recovered under the influence of their own mothers' milk, induced M. Bernard to submit a rickety female child of twenty-six months to the dog's-milk cure. A powerful bitch was provided to act as wet-nurse for the child, and after from two to three months of this method of imbibing nourishment, the swelling of the epiphyses and the bending of the bones had notably diminished, the muscles were stronger, and at the end of the time the child could stand and take a few steps. The health of the patient was, at the end of one hundred days, extremely good; a slight curve of the femur and sternum being the only remains of the deformity, and the cure was permanent. He has adopted the treatment successfully in six other cases, and he expresses the belief that it will give encouraging results.

The Glycogenic Power of the Liver.

Dr. Abeles, in the *Wien. Med. Jahrbuch*, says that when a liver was put in boiling water immediately after an animal was killed, the decoction was free from sugar, in this respect thus confirming Schiff, Ritter, and others, who came to an opposite result to that obtained by Pavy.

If the liver is not put into the water with sufficient rapidity a sugar-producing ferment is formed. When the decoction is allowed to remain over night at a temperature under 10° C., sugar is found in it on the following morning, from which it is inferred that a ferment has formed in the cold decoction. A sugar-producing ferment was isolated from a decoction of liver, and in a less active form from decoction of muscle. From the experiments it is inferred that the ferment is a post-mortem product.

By another series of experiments Abeles tries to show that glycogen is not converted into sugar by the blood. The inferences drawn from them are that, 1. A solution of glycogen injected into the blood-vessels was not followed by a greater proportion of sugar in the urine than when an equal quantity of water was injected. 2. When glycogen was injected subcutaneously there was no sugar found in the urine. 3. The blood has not the power of converting glycogen into sugar. Investigations regarding the condition of the circulation under various artificial influences can thus teach us nothing regarding the nature of diabetes. It is of no consequence, as far as this point is concerned, whether a greater quantity of venous or arterial blood flows through the liver, because the blood is in itself not an agent in the production of sugar. If certain injuries to the nervous system are followed both by dilatation of the arteries in the liver and by diabetes, these effects may not be in the relation of cause and effect, but be both produced by the same cause. The author concludes by stating that no known fact enables us to state with certainty that the sugar in the diabetic urine of a person suffering from that disease was ever present in the liver as glycogen.

New Operation for the Obliteration of Depressed Cicatrices.

Dr. William Adams, in the *British Medical Journal*, April 29th, describes a new operation for the removal of those unsightly cicatrices which so frequently follow the healing of glandular abscesses in the neck. In women their occurrence is specially unfortunate. The results attained in the cases reported are very satisfactory, the operation having in one instance been done nine years previously without any recurrence of the depression. The proceeding recommended is briefly as follows:—1. In subcutaneously dividing all the deep adhesions of the cicatrix by a tenotomy knife, introduced a little beyond the margin of the cicatrix, and carried down to its base. 2. In carefully and thoroughly everting the depressed cicatrix, turning it, as it were, inside out, so that the cicatricial tissue remains prominently raised. 3. In passing two hare-lip pins or finer needles through the base at right angles to each, so as to maintain the cicatrix in its everted and raised form for three days. 4. In removing the needles on the third day and allowing the cicatricial tissue, now somewhat swollen, succulent and infiltrated, gradually to fall down to the proper level of the surrounding skin.

On Biliary Colic.

In a recent address, Dr. Gordon, of Dublin, states that biliary colic might be mistaken for cholera. Some time ago he was called to see a lady who, he was told, had been suffering from a sudden attack of cholera, but on examining her he had no doubt it was biliary colic. She suffered from extreme and continuous vomiting, coldness of surface and collapse, which would have led some to suppose that she was suffering from cholera. The intermissions of pain and collapse were very marked, the recoveries from collapse being followed by attacks of intense pain, and these again being succeeded by collapse. During the attacks of pain, which were very agonizing, he administered chloroform pretty freely, and at length with perfect success. He concluded that while she was under the influence of chloroform the spasms subsided, and at length the calculus passed through. He administered the chloroform four different times, as fast as she came out of the collapse, and it proved most successful.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The "Ready Reference List," for physicians, by Richard J. Dunglison, M. D., is a publication of 54 pages octavo, containing a large number of advertisements of such things as physicians want: books, drugs, surgical instruments, serials, etc. It also embraces a number of tables, and memoranda of practical value. The work is intended to appear annually, and to be distributed quite generally.

——The Annual Address before the Philadelphia County Medical Society this year was by Dr. Wm. Goodell. His subject was the life and writings of Louise Bourgeois, midwife to Marie de Medici, queen of Henry IV of France. As a curious chapter in the history of obstetrics, it will be read with pleasure by cultivators of this branch.

——Dr. L. Duncan Bulkley, of New York, in a reprint from the *American Practitioner*, gives an analysis of 617 cases of skin disease, with brief notes of the remedies he has found most efficacious (pp. 41; G. P. Putnam's Sons, New York). We also acknowledge a "Clinical Lecture on Herpes Zoster," received from the same author.

——The value of pneumatic aspiration is ably set forth in a paper read before the Medical and Chirurgical Faculty of Maryland, by Dr. Frank Donaldson, of Baltimore, giving the statistics of 37 operations of thoracentesis by this method. No inconvenience, beyond, in a few cases, a slight cough, resulted in every instance. (pp. 8, from the author.)

——Contributions to Medicine and Surgery. By N. L. Folsom, M. D., of Portsmouth, N. H. pp. 26. Price 50 cents. The author gives very short notes of a number of cases he has operated upon, during the last thirty years, and quotations from articles he has written. Some of them do not seem to have much point; for instance: "September, 1867, I operated successfully for strabismus on Miss Staples. The eye had turned in, since her youth, to adult age." This is all we hear of Miss Staples and her remarkable eye, which turned in to age, as the doctor writes it. Some other cases are better told and better worth telling.

——The Proceedings of the Medical Society of the County of Kings, for August, 1876, is largely taken up with an article on filth in towns, by Dr. B. A. Segur. He presents the subject forcibly.

BOOK NOTICES.

Hay Fever, or Summer Catarrh: Its Nature and Treatment. Including the early form, or "Rose Cold;" the later form, or "Autumnal Catarrh;" and a middle form, or "July Cold," hitherto undescribed. By George M. Beard, A. M., M. D. New York, Harper & Bros., 1876. 1 vol. 8vo, pp. 266.

The topic Dr. Beard has chosen is one of a good deal of popular interest, and we must say he has added considerably to the facts in regard to it. To obtain new and authentic material, he put himself in connection with the Secretary of the "United States Hay Fever Association" (to which he dedicates his book), and forwarded circulars to all sufferers from all forms of this periodic complaint whom he could hear of. These circulars contained a long list of questions, the replies to which he has carefully analyzed and consolidated.

The results cannot be considered very satisfactory to hay-fever sufferers. The disease is stated to be a neurosis, and to its full development in any case the factors of hereditary predisposition, heat, and a specific exciting cause are essential. No general remedy for it is known. Individuals can by observation, and trying first one measure and then another, probably discover a relief for their particular troubles, but what helps one, does another no good at all. It is mostly a disease of civilization and culture, being very rare among the laboring classes, and unknown in savage states.

A long list of therapeutic agents which have been employed at various times is inserted, from which the practitioner or patient can select, and try until he hits one which suits his case.

Transactions of the Kentucky State Medical Society, 1876. Paducah, Ky. pp. 162.

This neatly printed volume contains the minutes of the proceedings, the address of the president, and a number of papers by various members, which may be briefly recapitulated. Dr. L. P. Yandell gives a sketch of the medical literature of Kentucky, and some notes on dermatology; Dr. C. H. Todd defends the Code of Ethics; Dr. F. C. Wilson describes the methods of transfusion; the advantages of hypodermic medication are set forth by Dr. B. Saunders; Dr. J. A. Larrabee has an article on the treatment of scarlet fever, and another on epidemics; Dr. J. W. Compton discusses the relative merits of cinchonidia and quinia; chronic suppuration of the middle ear is described by Dr. M. F. Coomes; Dr. J. F. Octerlony recites the diagnostic points in syphilitic affections of the skin; Dr. A. Given extols veratrum viride in pneumonia; Dr. John L. Dismukes contributes a case of cranial surgery; and Dr. John L. Cook speaks of capillary bronchitis.

Transactions of the Medical and Chirurgical Faculty of Maryland, at its Seventy-eighth Annual Session, April, 1876. 8vo, pp. 166.

A considerable portion of the volume is occupied with the minutes and reports of committees. The oration on "The Degree of Certainty in Therapeutics" displays the usual rather oppressive erudition of its fertile author. Dr. Donaldson's paper on Thoracentesis is mentioned elsewhere. Other contributors are Dr. J. Van Bibber, on Peripheral Paralysis; Dr. J. E. Gibbons, on Empyema; Dr. A. B. Arnold, on Phthisis; Dr. J. S. Conrad, on the Legal Relations of Insanity; Dr. W. C. Van Bibber, on Abdominal Disease, etc.

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THE INTERNATIONAL MEDICAL CONGRESS

Will hold its session in this city next week, commencing on Monday. The interest which it has excited, both in our own country and among our European cotemporaries, has been in proportion to the important work it has before it.

While, perhaps, in the selection of topics for discussion, there is occasional room for the criticism that the *international* character of the meeting has not been sufficiently kept in view, and that some subjects have been omitted which by all means should have come up for discussion; nevertheless, the abstracts of opening remarks which have already been published show that nothing sectional nor local will occupy the time of the members, but questions as broad and general as science itself.

Abundant preparations have been made by the profession of the city, as well as by several liberal private gentleman not connected with it, to sustain the reputation for hospitality which Philadelphia has long enjoyed. A moderate amount of social enjoyment and unofficial intercourse is essential to obtain one of the best results of such meetings, *i. e.*, a personal acquaintance leading to friendship and mutual respect, and thus to the exclusion of acrimony from scientific discussions.

THE IMPORTANCE OF FORESTS TO NATIONAL HEALTH AND WEALTH.

The combined scientific and sanitary bodies of this country should enter a protest against the constant destruction of our forests. Mere sentiment need not prompt to the cry of "spare the trees." Quite apart from the loss of the picturesque and attractive, the denudation of the soil has results of the most serious character on national health and national wealth.

To refer to the latter first, a most conclusive instance of it on a gigantic scale is the desolation of millions of squares miles in the Caspian basin, and Southern Europe. The increasing aridity has there been traced directly to the cutting away of the forests. It is now proposed to remedy this by a monster canal from the Black Sea, at an enormous cost and with questionable results.

Again, in Southern Italy, where the forests which once clothed the Apennines long since fell beneath the axe, desolation dwells on many a spot whose fertility was sung by the poets of ancient Rome.

A more recent and nearer instance can be furnished: The bulletin of the Torrey Botanical Club contains a suggestive paragraph in reference to the influence of trees upon rain and atmospheric moisture, as shown by the experience of the island of Santa Cruz, in the West Indies. This island was a garden of freshness, beauty and fertility twenty years ago; it was covered with woods, trees were everywhere abundant, and rains were profuse and frequent. The forests and trees have been cut away, rain-falls have ceased, and the process of desiccation, beginning at one end of the island, has advanced gradually and irresistibly upon the land, until, for seven miles, it has

become as dry and barren as the seashore. Houses and plantations have been abandoned, and the advance of desolation is watched by the people, wholly unable to prevent it, but knowing almost to a certainty the time when their own habitations, their gardens and fresh fields will be a part of the waste. Indeed, the whole island seems doomed to become a desert. So much for the consequences on national wealth.

When it comes to health, the evidence is very strong that a climate tempered by the presence of abundant foliage is every way desirable. The beneficial effect of groves on the diminution of malaria is so well known that in many localities in France, Italy and Northern Africa, they have been planted for this purpose alone. The Eucalyptus probably does as much through the rapidity of its growth as through any specific powers it may possess.

The meteorological conditions of a treeless waste are depressing to the spirits and unfavorable to vigor. The races who inhabit such, the Tartar tribes of Central Asia for instance, are more prone to rheumic diseases of all kinds than their neighbors of the wooded slopes.

To give such consideration a practical bearing, a Convention will be held on the 7th and 8th of next month, at Sea Grove, below Cape May, under the presidency of Mr. A. Whilldin, where these subjects will be discussed and steps taken to protect the forests of our land. Their action will be watched with interest, and doubtless aided with earnestness by the medical profession. The card announcing the meeting justly says:—

"As conserving climatic influences for the benefit of the life and health of the people, forests are of such importance, that irrespective of the vast material and more tangible interests involved, we cannot afford longer to delay thorough, general and systematic investigation of the subject."

The success of the meeting will, we trust, be proportionate to the importance of the subject.

Notes and Comments.

Life and Brain Work.

Dr. George F. Beard, of New York, has written various articles to show that hard brain workers are unusually long-lived. He gives a list of five hundred eminent men whose lives average over sixty-four years. The London *Spectator*, reviewing this theory, maintains that excessive mental toil must shorten life, and did evidently shorten it in the case of many of the five hundred cited; but they had originally more vigorous constitutions and a large amount of vital force, and, by virtue of this superior vitality, which explains in part, also, their superior brain power, they were able to continue hard work even to old age before breaking down under the pressure.

There is something in this, but Dr. Beard's statistical method is much more erroneous than even this criticism shows; he has omitted a number of factors which, if considered, entirely change the complexion of his statement. We have at various times pointed these out.

Croup and Diphtheria.

The differences between these two diseases—if they are two—have been much discussed of late. One observer, Dr. W. Yeats, of Edinburgh, writes on the topic as follows, in the Edinburgh *Medical Journal*:—

"From the fact that idiopathic croup is not epidemic; that sporadic cases of diphtheria are known to occur; that diphtheria is known to have been mistaken for croup; and that laryngeal cases of diphtheria occur during epidemics, and hasten on to death in some cases before pharyngeal changes become developed, I am inclined to believe, with Sir William Jenner, Dr. George Johnson, Dr. Semple, and others, that membranous croup and laryngeal diphtheria are identical; and that idiopathic croup, properly so called, consists of two varieties, viz., the spasmodic non-inflammatory, and the simple catarrhal. The membranous form, which has hitherto been called idiopathic, I consider to be specific."

An Ingenious Thermo-Cautery.

At a meeting of the Obstetrical Society of London, Dr. Oscar Prevôt, of Moscow, exhibited a newly-constructed instrument invented by Dr. Paquelin, of Paris. The vapor of petroleum

being driven through the handle to the tip of the platina stem, which has first been gently heated, the bulb becomes incandescent, and may be kept so as long as the vapor is supplied by means of an india-rubber ball similar to that used in Dr. Richardson's spray-producer. In place of the bulbous extremity, others shaped in the form of a bistoury, etc., could be employed. The instrument was both ingenious and valuable, being very portable, easily got ready for use, and producing very little radiation. It could be used in all cases where the actual, or gas, or galvano-cautery would be employed.

Curious Case of Abdominal Pregnancy.

An instance of what is called "lithopædion" was related at a meeting of the Medical Society of Vienna in June. Dr. Chiari showed a tumor taken from a woman eighty-two years of age, who had lately died in the hospital of an attack of pneumonia. By the side of the uterus, which was very long, a swelling the size of a man's head was found, and on opening it most of the parts of a fœtus were discovered. The woman stated that in 1827 she was for the last time in the family way. After the eighth month she felt no approaching confinement, and went on without experiencing any pain, with a large tumor in the abdomen. She never consulted any one about it, and lived on for fifty years with the unsightly swelling. Dr. Chiari, after a minute examination of the pelvic cavity, concluded that this was a case of abdominal pregnancy.

Venous Injections of Chloral.

This perhaps dangerous practice has been recently employed by M. Linhart, a surgeon in the Austrian navy. It was a case of the dislocation of the right shoulder-joint. Reduction without anæsthesia was found impossible, and as the patient had on two previous occasions been narcotized with chloroform, and had suffered severely from the use of this substance, M. Linhart resolved to inject chloral into a vein. This was done in the left arm with great caution, and the solution was injected so that in fourteen minutes about 105 grains of chloral were absorbed. Complete anæsthesia without any reflex movements was thereupon obtained. Reduction quite easy. The patient slept for half an hour, and on being roused had some drink, and fell again to sleep for several hours. No vomiting or any nausea. M. Linhart thinks that the man might have been narcotized with chloroform, but that he would have required a good deal of it, and that the effect, which, with the chloral, lasted almost two days, would, with the chloroform, have been more transient.

The Hypodermic Use of Quinine.

This method of employing quinine, very efficacious in some complaints, is found to be followed, at times, by troublesome ulcers. Dr. R. S. Dawson states in the *Lancet* that this can be avoided by using the quinine *in a perfect state of solution*. That it is the undissolved crystals of quinine that caused this suppuration, and not the acid contained in the menstruum, suggested itself by the fact that ulceration seldom followed the hypodermic use of the other alkaloids, and the solution of quinine being almost a saturated solution, it appeared most probable that some portion of the quinine remained in suspension undissolved. Acting under this conviction, he instituted a series of experiments on the living animal, injecting at first a weak solution of sulphuric acid, and gradually increasing the quantity till it reached the strength of the acid. sulph. dil. of the British Pharmacopœia—viz., minims one to twelve; the only effect produced being a slight blush, which disappeared in forty eight hours.

Vaginal Poultices.

At a late meeting of the Société de Therapeutique, Paris, M. Bucquoy related that while an *interne* of Louis he had seen true cataplasms applied to the vagina. They were made thin and rolled around a small stick, which, having served as a means of introducing them, was withdrawn. This practice, which was an excellent one, seems to have entirely fallen into neglect, M. Fournier, of the Lourcine, being the only person who now employs vaginal cataplasms. M. Fournier makes use of voluminous cataplasms which quite distend the vagina; and he states that he was first induced to resort to this practice by having observed the effects which had several times resulted from his pupils having forgotten to remove large wadding plugs that had been introduced. In each instance these, so far from having acted prejudicially, had proved of service in treating vaginitis.

The Prevention of Masturbation.

This injurious habit is often most difficult to break. Dr. Yellowlees, of Glasgow, speaks of a mode he had tried in a dozen cases, and so far as it had gone he was very much satisfied with the results. The oldest case was eighteen days. The suggestion was founded upon the anatomical fact that the prepuce was anatomically necessary for the erection of the penis. Its anatomical use was to give a cover for the increased size of the organ. If you prevented the prepuce going to that use, you would make erection so painful that it would be practically impossible, and emission therefore extremely unlikely. What he had done was to deal with the prepuce at the very root of the glans, to pierce it with an ordinary silver needle, the ends of which he tied together. He had the case of a lad who was so extremely addicted to masturbation that his mother begged him to do what he could to prevent it. He used the apparatus first in the case of this boy, with most excellent results. He had been masturbating night and day, and he was now so well that he was working as a carpenter. Dr. Yellowlees further said that he had eleven more patients all going about with wires in their penises. There was only one case where he had to take it off, the wire causing a good deal of irritation.

The One Ultimate Element.

Some learned chemists, among whom we may name the Abbé Moigno, have for some time maintained that there is but one truly elementary body in the universe, and that this is hydrogen. Other so-called elements are but molecular multiples of it. This daring speculation seems supported by a recent observation. In examining spectroscopically the light of burning calcium, with the aid of the electric arc, Mr. Lockyer finds that, when the temperature is sufficiently high, two violet rays appeared, characteristic of hydrogen. Calcium accordingly resolves itself into hydrogen.

Composition of the Human Body.

A complete analysis of a man, recently made by Dr. Lancaster, of London, has been described by him in a chemical lecture. The body operated upon weighed 158.4 pounds, and the lecturer exhibited upon the platform 23.1 pounds carbon, 2.2 pounds lime, 22.3 ounces phosphorus, and about one ounce each of sodium, iron, potassium, magnesium, and silicon. Dr. Lancaster apologized for not exhibiting 5585 cubic feet of oxygen, weighing 121 pounds; 105,000 cubic feet of hydrogen, weighing 15.4 pounds, and 52 cubic feet of nitrogen, likewise obtained from the body, on account of their great bulk. All of these elements combine into the following: 121 pounds water, 16.5 pounds gelatine, 52 pounds fat, 8.8 pounds fibrin and albumen, 7.7 pounds phosphates of lime and other mineral substances.

Vaccination Preventive of Framboesia.

One of the English government medical reports, edited by Dr. Tilbury Fox, states that Mr. N. W. Keelan, medical officer at Dominica, W. I., asserts that he has discovered in vaccination a certain means of mitigating, if not of altogether stamping out, the disease called "yaws," or "framboesia." The grounds on which this belief is based are: first, that out of several hundreds of cases of yaws attended during a series of years, very few, indeed, had been vaccinated; secondly, that the few who had been vaccinated were attacked very mildly by yaws, and were easily cured, the disease being apparently modified and much more amenable to treatment than the ordinary form; thirdly, that a considerable number of the patients who came suffering from yaws were vaccinated, but the lymph took effect in only a small percentage, though in these cases vaccination seemed to act beneficially.

The Diet for Gout.

In a note to the *British Medical Journal*, Dr. John Malcolm writes:—

My attention has been given, for many years, to the cause and cure of gout, to which I have a hereditary tendency, my father and grandfather having suffered greatly from this disorder. I soon ascertained that, by attention to diet alone, I could prevent the disease, and for more than thirty years I have steadily adhered to a diet consisting of farinaceous food and fruit, with milk and cream, by which means I have escaped any illness. Among my patients, I have found that (when I could not induce them to give up animal food), by partaking only of fish, fowl, and rabbit—white meats—their attacks of gout have been of a milder and less frequent character; but in no case have I been able to cure the disease unless I could induce a total abstinence from all flesh-food.

Revision of the United States Pharmacopœia.

The Committee of the American Pharmaceutical Association, who have in charge the revision of the United States Pharmacopœia for the next edition, recommend the following changes:—

1st.—That all measures of capacity be abandoned.

2d.—That all substances be weighed, and that the quantities be given in parts.

3d.—That all substances in the United States Pharmacopœia be arranged alphabetically.

4th.—That the botanical descriptions be made more exact and complete.

5th.—That the formula for the manufacture of chemicals which are recognized as produced entirely by manufacturing chemists be omitted, and that a description of the chemical be substituted, with such tests as shall be conclusive as to its identity and purity.

6th.—That it is desirable that there should be a larger number of tables for reference introduced in the United States Pharmacopœia.

Post-mortem Condition of Fetal Lungs.

In Virchow's *Archiv*, Dr. Erman, of Hamburg, relates the case of a woman who was delivered of three seven-and-a-half-months children, two coming into the world living, and the third being dead born. Both these children cried loudly while being washed, their cries being heard in another room at some distance off. They both died half an hour after they were born. At the autopsy it was found that the whole of the lung of the one child sank in water, even when cut into small pieces; and the lung of the other did the same, except as regards a very small portion of the edge of one of the lungs. The lungs in both were undistended, dense, and of a bluish color.

Gelseminum Sempervirens in Neuralgia.

Dr. Jurasz, of Heidelberg, has used the tincture in five cases of neuralgia. In the first case, five drops three times a day (facial neuralgia); cured in three days. Second case of the same kind as the first, four drops three times a day; cured in six days. Third case, supra-orbital neuralgia, ten drops three times a day; cured in four days. Fourth case, neuralgia of the fifth pair on both sides, five drops every day; cured in two days. Fifth case, severe sciatica, eight drops three times a day; almost cured in fifteen days, and complete cure was then obtained by the continuous current and warm baths. The gelseminum failed to relieve a hemicrania of old standing, and was also unsuccessful in two cases of muscular rheumatism.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XII.

FURTHER NOTES ON THE GERMAN MEDICAL EXHIBITS.

Centennial Exhibition, Sept. 1st, 1876.

Ed. Med. and Surg. Reporter:—

The German exhibits have received such a scoring from their own critics that it behooves us, as a matter of politeness, to say what we can in their favor; and in regard to the appliances for suffering humanity—*die leidendende Menschheit*—both politeness and truthfulness urge us to say a good deal that is complimentary.

Near the large display of musical instruments, in the German Department of the Main building, are, as I once before said, the various objects of interest in a medical and surgical line. Conspicuous among these are the numerous inventions of Edward Lipowsky, of Heidelberg, embracing both apparatus for sanitary purposes and devices and utensils for the comfort of the sick and wounded. Here we see apparatus for all sorts of baths—vapor, douche, etc.; commodes of approved patterns; sick, dentist, rolling and surgical chairs; fracture beds, litters, fracture boxes, suspensory devices, and the like. They are all well made and well upholstered, and the firm is said to have a wide reputation for good workmanship.

Hanging against the south wall, near these objects, are a series of diagrams and maps to which we would ask the especial attention of medical visitors. The most important are the graphic representations by Dr. Zuelzer of the relative European mortality statistics from various diseases in 1872–74. These relations are represented for each large city on a separate sheet, by means of colored cubes, indicating the mean prevalence of the more important diseases, in proportion to population, in Berlin, Bremen, Brussels, etc., pending the years mentioned. These diseases include phthisis, typhus, pneumonia, cholera, heart disease, rheumatism, alcoholism, etc.

Adjoining these colored plates, there are two wall maps of Central Europe, including Vienna, Berlin, Paris, Brussels, Stockholm and London, these cities being connected by a series of curves differing in color and in form, the lines being variously broken. The one of these shows the "hygienic lines" of the German Empire by a series of curves connecting the points of equal annual mortality. The second map, by the

same process, indicates the average annual mortality from phthisis, typhus and cholera in the great capitals for these years.

Such an admirable and comprehensive method of delineating the results of vital statistics merits close study. Of course, the general plan of representing the relations of numbers by areas and colors is familiar to all statisticians; but it were hard to find a better example of its application than in these charts by Dr. Zuelzer. Before they were forwarded to the Centennial, they were exhibited for a time in Berlin, at the Ministry of Internal Affairs, and received high commendation from the medical press.

Another industry, of which one sees a number of evidences of activity in this part of the building, are dietetic substances for invalids. Malt extract and Liebig's food are abundantly displayed, plain and in combination with iodine, iron, quinine, and what-not. Beef extract, by other methods, is not wanting. No matter whether we maintain that *liquor carnis* is the best food in the world, or whether, with the other side, we denounce that opinion as an egregious error, and concede that it is only a first-class condiment and no food about it, any one who has had the luck to quaff a cup of it after a twelve hours' ride fasting, will bless the inventor and manufacturer who supplies this incomparable roborant. Yours, A.

Muriate Ammonia in Enlargement of the Spleen.

Ed. Med. and Surg. Reporter:—

The recent query in your journal, for an efficient remedy for chronic enlargement of the spleen, suggests the following remarks:—The frequent hypertrophied state, as it were, of this viscus, as a sequel of malarial fever, and its indirect result of subsequent disease, *per se*, together with the inefficiency of the usual treatment in vogue, have unquestionably brought opprobrium upon our art. The frequency of splenitis in this climate is the invariable result of malarial fever (and has given rise to the common expression, "You have an ague cake," implying that it is the cause, and not the effect of disease), and the malady assumes the more gravity in proportion to the continuation of the cause and the neglect of proper relief. As a focus for the transmission of disease itself, it cannot be gainsayed, when its relative functional disturbance in the economy is made manifest and is appreciated. The spleen without a duct is supposed to have no function, but to serve simply as a diverticulum to the liver and stomach. Carpenter maintained that it, under certain circumstances, promotes disintegration of the red corpuscles. The illustrious Professor Dunglison ascribed to it a very important part in the function of lymphasis. It certainly serves as a great factor, some way, in disturbing the equilibrium of the blood, for, when there is an interstitial deposit of fibrin throughout its structure, from frequent congestion, quinine and iron fail in toto to exert their restorative power. And, until nature, by its very slow recuperative energy, or art, by its prompt assistance, restores it to a normal condition, all our remedial agents are utterly futile in removing the chlorotic state of the system. The muriate ammonia, as recommended by Eberle, is the great desideratum. As a resolvent, it has in my hands proved entirely efficacious. It will give speedy relief only when given in purgative doses, thirty or forty grains. I make a saturated solution, and give a tablespoonful every two hours. Other very important adjuvants should not be overlooked, such as the iodine ointment, often applied over the left hypochondrium, with an occasional aloetic purge.

James Guild, Jr., M. D.

Tuscaloosa, Alabama.

Sulpho-Carbolate of Soda in Scarlet Fever.

Ed. Med. and Surg. Reporter:—

In April, 1876, I attended three daughters of L. P., aged seventeen, thirteen and two and a half years, for malignant scarlet fever, with miliary eruption, following diphtheria and severe throat complication. For ten days they were treated with sulphite of soda, sulphite of potassium, carbolic acid, chlorate of potassæ and glycerin, salicylic acid, with acetate of ammonia and glycerin, alternated with quinine and muriated tincture of iron; a nourishing diet, and ice in rubber bags externally. The throats were also swabbed every two or three hours with eight per cent. of carbolic acid in glycerin. They became worse and worse, and when at the point of death I resorted to the following:—

℞.	Sulpho-carbolate of soda,	℥iss
	Aqua flores aurantii,	℥j
	Syrup. pruni virgin.,	℥iss
	Syrup. tolu.,	℥ss.

Sig.—One teaspoonful every two hours, and half that quantity for the youngest. Also—

℞.	Acid. carbolic. pur.,	℥iss
	Glycerin pur.,	℥j.

Sig.—Swab the throat with a large camel's-hair brush, and continue ice externally.

For ten hours from the first dose of the above mixture great change for the better took place, and the two previously suffocating patients could again breath easier. With the above remedy, general tonic and supporting treatment, the two youngest rapidly convalesced; but the oldest took pneumonia, complicated with severe diarrhœa, both of which subsided under tonic, stimulant and sedative treatment and generous diet; and she made a good recovery.

Case 2.—Mrs. M. L.'s son, aged eight, took scarlet fever, also with miliary eruption and very high fever. I prescribed the above mixture, to be taken first every two hours, and as soon as he was better every three hours. On

the sixth day from the first dose he was out of bed. The same mixture was given to the other three children (in proportion to ages) as a preventive, with success.

Case 3.—In June, 1876, my son, aged five months, took the disease, and received the remedy in grain doses every three hours, with some other ingredients, and made a very good and rapid recovery. His brother, aged two years, received the same mixture, the dose being three and a half grains four times a day, without getting the disease.

John Pirnat, M. D.

Evansville, Indiana.

The Mad Stone.

[We insert the following letter, "under all reserves," as the French say, merely stating that the writer is a regular physician in good standing.—Ed. Reporter.]

Ed. Med. and Surg. Reporter:—

The inquiry in your columns in reference to the "mad stone," induces me to describe to you one now in this town. It is owned by a Mr. T. Evans, who received it as an heirloom from his ancestors.

Having practiced medicine in this place for eleven years, I have had abundant opportunities of seeing many cases cured by it, and of witnessing its beneficial effects on hydrophobia and snake bites. The mode of application is to scarify the skin and apply the stone; if there is any poison it will immediately adhere, so that it cannot be detached without great pain until it is full, and then it drops off. It will adhere from twenty minutes to one hour, when it will change to a green color. It is then put in warm milk and water, which it also changes to a green color. The first applications seem to cause a great deal of pain. Two weeks ago it adhered seventy-eight times in a case of hydrophobia. The case was of a man who had been bitten on the arm by a dog, not supposed to be mad, some six months ago. When he arrived here he had spasms about every fifteen minutes, very violent in nature. The first application seemed to quiet him, and in twelve hours the spasms ceased, the man became rational and slept for the first time in four days; in forty-two hours he was entirely relieved, the stone not adhering

The stone is of a slate or light color, porous, and will weigh from one-half to one ounce.

Paris, Iowa. M. P. Sigworth, M. D.

Fibrous Tumors Caused by Ear-rings.

Ed. Med. and Surg. Reporter:—

The following case, occurring recently in my practice, I conceived, from its rarity and unusual situation, might be of interest to your many readers. I was consulted several days since by S. H., in reference to his little girl, aged 12 years, with delicate physique, but comparative healthy development. Upon examination I found four tumors growing upon the lobe of the ears, both anterior and posterior. They were firm to the touch, growing directly opposite each other, with a broad pedicle which seemed continuous one with the other. The parents stated that they had been growing there for several years; that at the age of six or seven her mother had her ears pierced for ear-rings, but before they were entirely well she inserted an ordinary pair of *brass rings;* and from this time they traced the growth of these tumors, enlarging, without pain, inconvenience or trouble, save their unsightly appearance, resembling, in shape, pears, attached to the lobe of the ear by their pedicle. I regarded them as non-malignant, and advised an operation as the only remedy, to which the parents consented. I operated as follows: Cutting down to the lobe on either side, through the base of the pedicle, endeavoring as much as possible, without deforming the ear (which the parents were very anxious to prevent), to eradicate all diseased structure. After the operation there was no deformity except one ear. In excising the largest tumor, which was the size of a hen's egg, there was a small portion of the lobe necessary to be removed.

The hemorrhage was free, but readily arrested by cauterization. On cutting into one of the tumors, it was white and glistening, ligamentous in structure.

E. B. Head, M. D.

Franklin, Ky.

News and Miscellany.

The British Medical Association

Met this year at Sheffield, on Tuesday, the first of August. Sir Robert Christison, the retiring president, was unable to be present, so that the duty of proposing Dr. Bartolomè, of Sheffield, as president for the ensuing year, fell upon Dr. Chadwick, of Leeds.

Dr. Bartolomè having taken the chair, and made a few remarks with reference to the honor that had been conferred upon him, delivered the Presidential Address, which was largely historic in character, referring to local facts.

The address in medicine was by Dr. Sieveking. He referred to the history of the Association, and the progress of medicine since then, illustrating his views by selecting three events as of special importance. One of these was the founding of the Association, another the increased attention given to medical education, while the third was the publication, in the *British and Foreign Medical Review*, of Sir John Forbes' article, entitled, "Homœopathy, Allopathy and Young Physic." It "was essentially a protest against the polypharmacy of the day, and a summons to the practitioner seriously to consider and studiously to examine the resources and the methods of treatment at his command." Though the arguments used were, in reality, "old as the hills,"

and most of the doctrines such as few would now hesitate to subscribe to, yet the publication of the article then "startled the profession like a thunder-clap," and "shook the withering tree of routine." While laying bare the falsity, errors and absurdities of homœopathy, it showed also the dangers and mischief of the heroic methods of treatment, and drew attention anew to the curative powers of nature, and the value of "Dr. Diet, Dr. Quiet and Dr. Merryman." Thus Forbes and his coadjutors "challenged their contemporaries to a more reasonable inquiry into the nature and history of disease, and the real value of the various agents at our command for its removal." And in consequence of the more scientific development of medicine, what practical results have accrued to the community at large! "Look at the increased duration of life wherever the medical man has been listened to; to the enormously increased value of life in the army; to the general reduction of the death-rate; the check put upon the inroads of disease in many noxious trades and occupations; the reduction—nay, almost the arrest—of mortality in some diseases that, under 'heroic' treatment, more frequently succumbed than recovered—diseases of the head, of the chest, of the abdominal viscera."

The address in surgery, by Mr. Favell, of Sheffield, was eminently sound, sensible and practical, and though containing very little new material, included (as the speaker suggested) much that was useful and would bear investigation.

A communication, of unusual value, consisted of a report, by Dr. Rutherford, on further experiments as to the influence of drugs on the secretion of bile. The substances selected this time were equally important with those already examined, and the results equally interesting. Many of them were quite new, and consequently all the more valuable. Foremost among them were certain remedies of American origin, commonly called eclectic. These go by names elsewhere associated with nearly pure products, but, as used by the eclectic body, are little better than crude extracts more or less dried. The so called eclectic class of practitioners are not educated men, and the properties attributed by them to the drugs they use must always be regarded with some suspicion. Certain of these drugs Dr. Rutherford has taken and thoroughly examined. The results he has obtained have been most striking, some, as euonymin, proving really wonderful stimulants to the secretion of bile. Another curious fact he has made out is that the salts—say the sulphate—of potash or soda are more decidedly stimulant to the bile secretion than is that of magnesia.

The observations of Dr. Brown-Séquard on inhalation as a therapeutic agent attracted a fairly large audience; and the address of Dr. Carpenter, on Public Medicine, was listened to attentively, and with marked appreciation.

There was an important discussion, on Thursday, on trade diseases. This was opened by Dr. Charles Hall, of Sheffield, who has been for many years in practice there, and whose acquaintance with the grinders' diseases is both wide and intimate. The other papers which were contributed, but which were not all supported by the presence of their authors, were—"On French Millstone-Makers' Phthisis;" Dr. Purdon, of Belfast, "On the Effects of Flax Dust on the Lungs;" Dr. Berridge, of Aberdeen. "On the Phthisis of Granite Masons;" Dr. Elam, formerly of Sheffield, "On the Presence and Tolerance of Foreign Matter in the Lung;" Dr. Arlidge, of Newcastle-under-Lyme, "On Potters' Disease and a Demonstration of Dr. Richardson's Respirator."

Mr. Holthouse, in the Public Health section, sent notes on twelve months' experience of the treatment of inebriates. Several other practical papers, on the Contagious Diseases Acts, on the legislative measures necessary to arrest the spread of infectious disease, etc., were also brought forward in this section, but no time existed for the discussion of any of them.

It may be remembered that last year there was some little difficulty about the admission of female practitioners to the privileges of membership, and it was then arranged that a vote of the Association should be taken, by means of circulars, on the subject. Upward of 6000 of these were sent out, and more than 4000 were returned: of these 3073 contained a distinct "no;" only 1051 said "yes"—numbers showing tolerably clearly the general opinion of the profession as regards the medical sisterhood.

The members were very hospitably entertained by the citizens of Sheffield. At the adjourment the duty of selecting a place for the next meeting was left to the Council.

Prize Question.

Some recent criminal procedures in France having shown that microscopists are still undecided whether the blood corpuscles of the fœtus differ in volume from those of the adult, the following question has been proposed by the Société de Medecine et de Chirurgie de Bordeaux:—"The microscopic study of the human blood, fresh and dry, of the fœtus and adult, compared with that of other mammals, from the medico-legal point of view." The prize of 1000 francs is to be decreed at the close of 1879.

The Temple of Esculapius,

At Athens, has "been partially disinterred. Several inscriptions have been found. One engraved stone affords us the greater part of a relief, representing two persons—the one erect and touching the other with his hand, the second half sitting and half reclining on a couch. The figures are much effaced, especially that of the second person; but the work appears to have been excellent."

International Medical Congress.

The subscribers to the fund for the entertainment of this body are hereby informed that they will receive their invitations at an early day for the reception to be given in the Judge's Hall, Centennial grounds. Those who have not subscribed are requested to do so *at once*, that the committee may complete their work in time.

American Medical Association and Canadian Medical Association.

The committees appointed by the two bodies in 1875 to confer upon the relations of the two organizations, will meet at the Jefferson Medical College at 12 M. on Saturday, Sept. 2d, 1876.

Every member is earnestly desired to be present. WM. B. ATKINSON.

The "City of Health."

Dr. B. W. Richardson's proposal for a "City of Health," mooted by him in the autumn of last year, is about to be tried practically. A site has been secured on the coast of Sussex, where the sanitary city will be laid out, and in due time erected. Dr. Richardson has given his countenance to the scheme, and will supervise the sanitary arrangements.

Ophthalmological Congress, New York.

The meetings of this Congress are to be held in New York on September 12, 13, and 14. A large gathering of ophthalmologists from all parts of the world is expected, and we doubt not that the meeting will be highly successful.

Personal.

—Maximilian Joseph Chelius, an eminent ophthalmic surgeon and physician of Heidelberg, died recently in that city. He was born at Manheim, in the Grand Duchy of Baden, in 1794, studied in Heidelberg, and received the degree of Doctor of Medicine at an early age. In 1817 he was elected Assistant Professor of Medicine at Heidelberg, and two years later he became principal professor there. His best known work is a "Manual of Surgery," published in 1843–45. He also wrote a number of other works, all of which are highly valued by the profession.

—In spite of frequent reports to the contrary, the health of Pius IX is excellent, considering his age; a little general debility and a kind of paresis being the only things observable. The heat, which drives everybody else away from Rome, suits him: and the swelling of the legs, from which he suffers, disappears in summer.

—The *Gazette Hebdomadaire* remarks that the humble medical student who in 1872 supported himself in a poor hotel in the Rue de la Harpe by translating the works of Voltaire, Rousseau and Velpeau into Italian—General Cialdini—is shortly to return to Paris, this time as the Italian ambassador.

—Charles Brueninghausen, an eminent physician of New York, died on August 20th. He was governor of the almshouse during the years 1867 and 1868, and at one time was active in political life.

—Julius Klein, doctor of medicine and a playwright of prominence, died in Berlin on the 3d inst. He was born in Hungary in 1810, but had lived and practiced medicine in Berlin about forty years. He leaves seven volumes of plays and a History of the Drama.

—The California millionaire, Mr. James Lick, demanded a bill of particulars of the physician who sued him for services amounting to $55,000, and got one specifying three thousand and eleven visits, extending over a period of twenty-one years and eleven months. The judge thought this was enough, evidently, for he denied a motion for a further bill.

—Dr. C. C. Vanderbeek, of this city, has removed to 1121 Walnut street.

Items.

—The Twenty-fourth Annual Meeting of the American Pharmaceutical Association will be held at the Hall of the Philadelphia College of Pharmacy, commencing September 12th, at 3 o'clock P. M.

—We observe that some of our contemporaries continue to inquire about the plant alleged to be a remedy for obesity, first mentioned by Dr. Griffith, of Delaware. We have the doctor's own statement to the effect that his observation rested on an error, and he has withdrawn it.

—A physician, in the Isle of Wight, has found the homing pigeon to be of great service to him in his country practice. At every village through which he passes, and when his last patient therein is seen, he writes a list of prescriptions for that village, affixes it to the leg of a homing pigeon, and dispatches it to his house. Says the physician in a letter to a country paper:—"By this means, either a country carrier is intercepted starting homeward from our market town, and the medicine is delivered by him on that very evening, or my chemist is enabled, hour by hour, to see his work ahead of him, and forestall his dispensing necessities."

—The Hay Fever Convention at Bethlehem, N. H., brought together such sufferers as Dr. George M. Beard, Judge Goodrich, of Chicago; J. H. Ward, of Louisville; Henry Ward Beecher, and others. As no worse kind of a case than hay fever was considered, the meeting got along with only the disturbance of a few sneezes.

DEATHS.

CLARK.—On the 14th of August, infant son of Dr. R. J. and Ettie W. Clark.

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Communications.

THE USE OF METRICAL WEIGHTS IN PRESCRIPTIONS.

BY PROFESSOR JOHN M. MAISCH,
Of the Philadelphia College of Pharmacy.

The desirability of uniform values of the weights and measures in use among civilized nations, and the admirable simplicity of the French or metrical system, are so apparent that this standard is now not merely legalized, but has been adopted, and is actually used, by a large majority of the nations of Continental Europe. The inconveniences attending such a change are more due to the alteration of values than to the introduction of the system with which, through the Arabic numeration, every one is familiar, and the practical application of which we have in our monetary system. The intimate acquaintance with the latter must doubtless facilitate the comparison of values, the multiples and divisions of which are based upon the same system of decimal numeration. While the general introduction of the metrical system in the United States must be regarded merely as a question of time, it cannot be denied that considerable progress toward this end would have been made, if, in accordance with a resolution passed by the National Convention of 1870, for revising the pharmacopœia, the Committee of Revision had "abandoned in the pharmacopœia measures of capacity, and expressed the quantities in all formulas, both in weights and in parts, by weight." Coupled with the direction, "To include some part of the metrical system in the list of officinal weights and measures," the parts by weight could scarcely have been expressed otherwise than upon the basis of the metrical system.

The different value of the *grain** as formerly used occasioned many difficulties in adapting formulas and doses to the weights of other countries; and for similar reasons the use of local values in measures and weights have long since been abandoned in all physical sciences, in favor of the metrical system. Medicine and pharmacy only lagged behind until a few years ago, when it was adopted also in the two branches named by nearly all civilized nations, except those speaking the English tongue, and the labor of translating the values contained in formulas and prescriptions is now almost exclusively confined to the systems of the troy weight, and the English and American apothecaries' measures, as arraigned against the metrical weight.

It may be remarked in this place that the pharmacopœias of Continental Europe and the prescriptions of physicians in those countries express all quantities by weight only, whether the material directed be solid or liquid. The greater exactness of gravimetric over volumetric measurement needs scarcely any argument, if the variation in volume under the influence of temperature is considered, and the difficulty of exact measurement in glass vessels of large diameter is taken into account. Moreover, weighing is more convenient, and those who have accustomed themselves to this method will only reluctantly change it for measuring again, if compelled to do so.

From long custom, physicians are apt to

*The variation from our troy grains ranged in different countries between — 11 and + 46 per cent.

over-estimate the difficulties of writing prescriptions for liquid medicines by weights instead of measures. Medicines can be given in absolutely definite doses only, if divided by the apothecary; but their division by him is impracticable in case liquids are employed, and the familiar tea-, dessert-, and tablespoons are then resorted to for dividing the medicines at the bedside. How widely these approximate measures differ from each other, and to what extent the difference is increased by the manner of measuring with them, is well known. The apportioning of doses of liquid medicines would, therefore, offer no greater difficulty as long as these convenient and handy, but variable, measures must be employed in the sick-room.

Of the officinal liquid preparations which are prescribed for internal use, the alkaline solutions (of soda, potassa, and ammonia), the diluted acids, and the solutions of some salts (ammonium acetate, potassium citrate, etc.), do not differ materially in bulk from an equal weight of distilled water, this difference being less, particularly for the quantities representing their medicinal doses, than the variations of the popular approximate measures by which liquid medicines are taken. Tinctures and fluid extracts vary to a greater extent in density, not only from water, but likewise among themselves. The apportioning of their doses by weight, however, would be an easy matter if the resolution of the National Convention above referred to had been carried out; for a given weight of the preparation would then represent a definite weight of the drug, and the proportion of the weight of the drug to that of the preparation would, for tinctures, most likely be 1 : 5 or 1 : 10, the standard generally adopted in Europe. Our present tinctures made with alcohol and diluted alcohol, in the proportion of two troy ounces to the pint, are very nearly of the strength 1 : 6½ and 1 : 7 respectively; and those containing three troy ounces to the pint, 1 : 4¼ and 1 : 5. Tinctura opii is in the proportion of 1 : 11½, and tinctura opii camphorata, 1 : 250 (for opium). It will be observed that the changes necessary in the officinal formulas to bring them in harmony with the metrical system are by no means as great and revolutionary as is sometimes supposed, particularly if the necessary, or at least desirable, change in the alcoholic strength of the menstruum is taken into consideration.

A uniform standard of strength for fluid extracts would most likely be the proportion of 1 : 2; or to give it in the metrical system 5 : 10; for the proportion 1 : 1 is unattainable in all cases where sugar or much glycerin is requisite for preservation; and it appears to be desirable to adhere to an adopted standard, also, for those in the preparation of which alcohol or stronger alcohol is exclusively employed.

Of the remaining liquid medicines, the doses by weight can be as easily acquired as by minims or fluid drachms; but for those who have already become conversant with the measures now in use here, the following observations will offer all requisite facilities for converting them into weights. Ether having the specific gravity .750, occupies precisely the same volume as 1⅓ time its weight of water, and the difference in the volume of stronger ether (specific gravity .720) is considerably within the limits of variation of the approximate measures; or in other words, three parts by weight of ether occupy the same space as four parts by weight of water. The relation of the weight of spiritus ætheris compositus (specific gravity .815) and spiritus ætheris nitrosi (specific gravity .837) to volume is very nearly as 4 : 5, that is to say, four parts by weight of the preparations named occupy (a little less than) the same space occupied by five parts of water.

Glycerin (specific gravity 1.25) has a proportion of weight to volume as 5 : 4; syrups (specific gravity 1.317) nearly as 4 : 3; chloroform (specific gravity 1.48) nearly as 3 : 2, *i. e.*, 1¼ part by weight of glycerin, 1⅓ part of syrup, and 1½ part of chloroform, occupy, approximately, the same volume as 1 part of water.

If the relative density of the officinal liquids is not lost sight of, it will be seen that there is no great obstacle in the way of prescribing by metrical weights even the preparations of our present pharmacopœia, except in the cases of fluid extracts, which vary so considerably that no reliable rule can be given for their relative proportion of weight to volume. But, with this exception, the task is comparatively easy, if it is remembered that for all practical purposes one gramme equals 15 grains—that two tablespoonfuls, *i. e.*, 1 fluid ounce, of water weigh 455.69 troy grains, or (within less than 8 grains) precisely the same as 30 grammes (463 grains). 15 grammes of water or its equivalent in bulk of other liquids is, therefore, to be taken as equal to the tablespoonful;

7.5 to 8 grammes of water or its equivalent to the dessertspoonful; and 3.7 to 4 grammes to the teaspoonful.

Applying these values to the heavier and lighter liquids, it will be seen that—

$15 \times \frac{3}{4} = 11.25$ grammes ether,
$15 \times \frac{5}{4} = 18.75$ grammes glycerin.
$15 \times \frac{3}{2} = 22.50$ grammes chloroform,
$15 \times \frac{4}{5} = 12$ grammes spir. æther. comp. (or nitr.),
$15 \times \frac{4}{3} = 20$ grammes syrup,

are, in measure, equal to about half a fluid ounce, and that the deviation from this measure is in each case considerably less than the difference in the amounts obtained by scant and full measurement with the same tablespoon, or between different patterns of that useful domestic utensil.

The average doses of these liquids, expressed in metrical weights, are, therefore—

			Grammes.		Teaspoonful.
Ether	11.25 : 8	=	1.40	or	½
Spr. æth. comp. and Spr. æth. nitr.	12 : 4	=	3.00	or	1
Chloroform	22.50 : 8	=	2.80	"	½
Glycerin	18.75 : 4	=	4 70	"	1
Syrups (some)	20 : 4	=	5	"	1

For the conversion of grain-weights of solids into grammes, close approximations to the correct weight, within the fraction of $\frac{1}{14}$, are obtained by dividing the number of grains by 15. The error resulting from this rule is best appreciated by comparing the results obtained with the larger weights, thus:—

		Correct Weight.	Difference Grammes.	Difference Grains.
grs. lx give	$\frac{60}{15} = 4.00$	3.887	0.113	1.7436
℥j "	$\frac{480}{15} = 32.00$	31.100	0.90	13.89

The actual difference obtained by the above rule amounts, therefore, to rather less than a plus of 1¾ grains for the drachm, and 14 grains for the troy ounce.

A few examples may yet be added to show the insignificance of this difference for smaller weights; thus we obtain for

		Actual Weight.	Difference Grammes.	Difference Grain.
gr. x.	$\frac{10}{15} = 0.66$	0.648	0 012	less than $\frac{1}{5}$
gr. viij,	$\frac{8}{15} = 0\ 53$	0.518	0.012	" $\frac{1}{5}$
gr. iij,	$\frac{3}{15} = 0.20$	0.194	0.006	" $\frac{1}{10}$
gr. ij,	$\frac{2}{15} = 0.13$	0.129	0.001	nearly $\frac{1}{65}$
gr. j,	$\frac{1}{15} = 0.066$	0.065	0.001	" $\frac{1}{65}$

In prescribing by metrical weights, the amounts should in all cases be expressed in grammes and decimal fractions of grammes, and with Arabic numerals, in which case no signs or abbreviations are required; a few examples of prescriptions written in the usual manner, with their (practical) equivalents in metrical weights, will readily explain this, and show the greater clearness of the latter method, and the less liability to error from indifferently made signs and Roman numerals.

℞.	Potassii iodidi,	ʒij	8.00
	Iodinii,	gr.ij	0.13
	Aquæ,	f ℥ss,	15.00
	Syr. sarsap. comp.,	f.℥iiiss.	140.00

Dose.—One tablespoonful containing one gramme (15 grains) potassium iodide, and 0 016 (¼ gr.) iodine.

℞.	Potassii nitrat.,	ʒiss	6.00
	Vin. antim.,	♏xl	2.66
	Tinct. digitalis,	fʒj*	3.50
	Mucil. acaciæ,	f.℥ss	20.00
	Aquæ	f.℥iij -	90.00
	Syrup. aurantii,	f.ʒj	40.00

A tablespoonful of this mixture contains 0.66 (10 grains) of potassium nitrate, 0.0012 ($\frac{1}{74}$ grain) tartar emetic, and 0.055 (⅞ grain) digitalis.

℞.	Morphiæ sulphat.,	gr.j	0.066	
	Pulv. digitalis,	gr.vj	0.40	
	Sacchari albi,	℈iss.	2.00	M.

Divide in chart. No. xij.

Each powder contains 0.0055 (⅛ grain) morphia, and 0.033 (½ grain) digitalis.

℞.	Quiniæ sulph.,	gr.xij	0.80	
	Pulv. opii,	gr.iij.	0.20	
	Syrupi,	q. s.		

Fiant pil. No. xij.

Each pill contains 0.066 (1 grain) quinia and 0.016 (¼ grain) opium.

℞.	Atropiæ,	gr.ss	0.033	
	Alcohol.,	q. s.		
	Adipis,	ʒj.	4.00	M.

Atropia ointment.

It is the writer's opinion that physicians could very materially promote the introduction of the metrical weights, since by writing their prescriptions in the manner indicated, they would at the same time compel apothecaries to procure a suitable set of weights, which would save them the trouble of calculating the grammes into grains and troy ounces; such a movement would be a great step toward carrying out the resolution of the Convention of 1870, and toward harmonizing the strength of the various pharmaceutical preparations with those of other pharmacopœias, or at least bringing them into a simpler relation.

* Representing 7½ grains of digitalis; menstruum diluted alcohol.

A CASE OF HEMIOPIA.

BY H. S. SCHELL, M. D.,

Ophthalmic and Aural Surgeon to St. Mary's Hospital, Philadelphia, Pa.

H. C. V., aged 48, married, a machinist by occupation, came to the hospital dispensary on the 15th of April, 1876. He complained that on the previous day, while turning a screw on a lathe, he noticed that he could no longer cut the thread accurately, in consequence of his chisel sinking too deeply into the material on the left side. He found, also, that it was dangerous for him to try to get about the shop; being unable to avoid coming in contact with some of the machinery. When he went into the street he fell over children and wheelbarrows, and ran against lamp-posts, if on his left side.

On testing his vision it was found equal to $\frac{20}{XXX}$ Sn., but that the left half of the field in both eyes was blotted out. A vertical line, situated a trifle to the left of the point of fixation, separated good vision from absolute blindness. In looking at a card of test-letters he saw only those on the right half of the sheet. He said he felt perfectly well in every other respect. There were, however, a few suspicious-looking, dark red spots on the right side of the face and forehead; and although he positively denied ever having exposed himself to the possibility of syphilitic contagion, and stated that his wife and five children, ranging from seventeen to two years of age, were all perfectly healthy; and although I could find no additional indication of venereal disease, I prescribed iodide of potassium in ten-grain doses three times a day.

Five days later he returned with slight conjunctivitis in the right eye, and complaining of a stiffness about the neck and a feeling of pressure in the head. No pain was elicited, however, upon gentle tapping. Pulse 80. The dose of potassium iodide was increased to twenty grains.

On the 27th he came back, supported on the arm of a friend, and even in this way, although aided by a stout cane, walked with difficulty. There was incomplete left hemiplegia, and he complained of neuralgic pain in the left shoulder. There was neither optic neuritis nor choked disk. The eye-ground looked normal. The dose of potassium iodide, was increased to thirty grains four times a day.

May 2d. The paresis was slightly improved in the leg, but worse in the right side of the face. The hearing remained unaffected. Pulse 96.

9th. Considerable general improvement, but pulse 108. Field of vision enlarging.

11th. Field of vision extended to normal area in both eyes, except a small scotoma in lower left quadrant. Retinal arteries diminished to half the diameter of the veins, which look swollen. Disk normal.

16th. The descending vein in both eyes is four times the diameter of its artery, which is thread-like. Ascending vein and artery same as on the 11th. Disk pale. The hemiplegia has been rapidly improving, although the arm is still weak.

26th. Came to report that he was quite well and should return to his work next day. Pulse 84. The small scotoma however remains.

A very enticing diagnosis in this case is that of a syphiloma in the course, or at the origin, of the left optic tract. It is indeed quite probable that the lesion was specific in its nature, notwithstanding the apparently frank statement of the patient to the contrary, both because of the presence of the spots (syphilides?) on the face, and the results of treatment. But as to the existence of a gummy tumor of the brain, it is questionable whether it could have been removed so quickly as the disturbance vanished in this instance. Indeed, the diagnosis of tumor, and its precise location, as confirmed by autopsy, appears oftener to have been a lucky guess than anything else, and the many unsuccessful guesses in this connection are nowhere published.

There was never any interference with the mobility of the eye in this case, such as might have been expected from the proximity of the third and fourth nerves to the imagined seat of the initial lesion. There was no headache, no giddiness, no vomiting. On the other hand, however, there was neuralgia of the shoulder, and a feeling of pressure in the head, the subsequent left hemiplegia, and paresis of the right facial nerve, and a marked and permanent interference with the intra-ocular circulation. But it is quite possible that all these symptoms may have been owing to an acute periostitis, with tissue proliferation, although the disturbance of the pulse rate, unaccompanied by fever, cannot, with certainty, be charged to this cause. It must be admitted, then, that in the absence of an autopsy the

location and exact nature of the disturbing cause remains problematical. Since the last recorded visit the patient has been steadily taking one-sixteenth of a grain of corrosive sublimate with ten grains of the potassic iodide after each meal. Two months later the small scotoma still existed and the opthalmoscopic appearances remained as before, $V\frac{20}{XXX}$. Thus it would seem that the fire is only smouldering, ready to break out afresh in case of a remission of vigilance.

GUMMY EXUDATION IN THE CEREBRUM.

BY C. C. VANDERBECK, M. D.,

Of Philadelphia.

Dr. A. B., aged 42. This medical gentleman came, early in May, from a distant State, to consult Professor W. H. Pancoast in regard to certain symptoms which caused him much discomfort and anxiety. The history of the case is as follows:—

March, 1856, he contracted a chancre, so small, however, that it was only accidentally discovered. No bubo followed. In the preceding summer a rash came out on the body, and marked alopecia occurred. Four years after this, in the autumn of 1860, a tubercle made its appearance on each leg. These were speedily cured by the use of iodide of potassium. During the following ten years he enjoyed excellent health, and attended faithfully to all the duties of a large practice.

September 20th, 1870, he was suddenly taken with intense pain in the head, lasting for several days. This was followed by a vertigo, which he experienced in looking upward, or in dismounting from his carriage, and was of such a severe character that he was compelled to grasp the nearest support until the giddiness passed over, which usually occurred in a few moments. The vertigo was of the subjective variety. These attacks lasted ten days.

September, 1871, just one year from the sickness above mentioned, he was seized with a similar attack of headache. The pain came on each morning, just before daybreak, leaving him comparatively comfortable during the day. This lasted for two weeks, and was followed by vertigo, as after the attack of last year, and continued about the same length of time. The peculiar periodicity which manifested itself in annual attacks now became more frequent, assuming some years a semi-annual type.

February, 1872, he suffered another attack, but of not so severe a character as usual, and again in September, but a much lighter attack than that of the preceding year.

September, 1873, another light attack.

March, 1875, a light attack.

May 1st, 1875. After being overworked in professional duties, the headache and vertigo returned, and he began to notice a loss of power in the lower limbs, so that his gait became uncertain and unsteady. This unsteadiness was not increased, however, when he walked with closed eyes. Since the middle of last March he has had two attacks of aphasia, the first attack lasting fifteen minutes, and the second only a few seconds. He feels confident that these seizures were not *epileptoid;* for he was conscious of every act that was going on about him, and understood distinctly the remarks of those engaged in conversation, but he was utterly unable to give expression to his thoughts and desires. The symptoms now were of such an alarming character that he determined to repair to Philadelphia, to seek advice from his brother physicians. Professor W. H. Pancoast first saw him, and gave him a thorough examination, and then suggested that he should avail himself of the opinion of various skilled medical gentlemen. An ophthalmoscopic examination was conducted by Dr. Thomson. He reported, "Marked choked disks; no case can be more characteristic;" and suggested some intercranial pressure as a cause. Professors Meigs, Gross and Da Costa also saw him, and agreed with Professor Pancoast in the idea of the specific origin of the trouble, and that the probable lesion is a gummy exudation in some portion of the cerebrum. The treatment agreed upon was large doses of iodide of potassium, beginning with fifteen grains ter die, and adding 1 grain per diem till one drachm at a dose is reached. Small doses of bichloride of mercury and strychnia, and blisters back of the neck, were advised.

June 15th. He writes from home that he has faithfully carried out the treatment, and is quite a different man; the loss of power having entirely disappeared, and the headache and vertigo are now very slight. He also states that his sexual appetite has been increased to a marked degree.

This case is interesting, as showing (1) the

absorption of the syphilitic poison into the system, so as to produce secondary and tertiary symptoms, without the intervention of a bubo; (2) the peculiar periodicity displayed throughout the whole history of the case; (3) the short attacks of aphasia; and (4) the effect of treatment.

OLEUM TEREBINTHINÆ IN THE TREATMENT OF DIPHTHERIA IN TONSILLITIS.

BY JAMES H. PEABODY, M. D.,
Of Omaha, Nebraska.

Having last fall and winter, for the first time in a practice of some seventeen years, met with some genuine cases of diphtheria, I was induced to try the oil of turpentine, as it had never failed me in ordinary tonsillitis, with diphtheritic tendency. On commencing the study of medicine, some twenty years since, and having suffered much in my boyhood from acute tonsillitis, I was induced to try if I could not find something milder than the treatment then in vogue. I hit upon ol. turpentine and quinine, and they have yet to fail me, in nearly seventeen years of active practice. I have never, until the last few days, seen a case of death from tonsillitis or diphtheria. Now, either I have been blessed with a series of mild cases, or there may be something in the ol. terebinthinæ, as it is the only remedy I have failed to see recommended by any authority. Even Ziemssen, in his exhaustive monograph, does not refer to it. so I suppose it has not suggested itself to any one, or, if tried, has not served them as well as me. Why it should not have been tried by others, I cannot see, as the U. S. Dispensatory says it is stimulating, which is just what we need in the depressed condition met with in malignant tonsillitis and diphtheria. I think it is more than stimulating—it is death to the epiphytes when first lodged in the mucous membrane. I have time and again witnessed the false membrane curling up at the edges, and peeling off under its use, with a healthy pink line of demarkation. Who that has tried it in the low fevers has not been delighted to see the dry, red, cracked tongue softening down under its administration. I will not, however, occupy space by a discussion of therapeutics, but give a slight outline of treatment, for trial or comment, as your readers may see fit.

I commence the treatment of all cases of diphtheria and tonsillitis by seeing that the alimentary canal is properly cleaned, by the administration of Epsom or Rochelle salts, where they can be taken; if not, the granulated citrate of magnesia is palatable, and seldom objected to. I also immediately put my patient on the following prescription:—

℞.	Ol. terebinthinæ,	℥ij
	Pulvis potassæ chlo.,	℥ij
	Pulvis sach. alba,	℥ss
	Pulvis acaciæ,	℥ss
	Aquæ,	℥v.

Sig.—Shake up well, and take a large teaspoonful every hour or two, until the inflammatory symptoms begin to subside, then less often.

Always directing it to be rinsed well around in the mouth before swallowing, so that every possible portion of the inflamed mucous membrane, from the lips to the stomach, may be touched with the turpentine and chlorate of potash.

The inhalation of steam from hops and vinegar is allowed, if the patient desires, as it is soothing to the inflamed mucous membrane.

If this alone does not relieve the patient in twenty-four hours, or less in severe cases, I add to the emulsion forty-eight grains of sulphate of quinine, so that we get the local effect, as well as the constitutional, of this potent drug. This is taken in the same way every two or three hours, alternating it with twenty drops of tinctura ferri mur., if desired. As I said before, I have yet to see the first fatal case where this treatment was carried out from the onset of the disease.

I have a memoranda of some 124 cases of tonsillitis and ten cases of diphtheria treated in this manner, and on looking back for ten years cannot remember a death from tonsillitis in any form except as occurring in scarlatina anginosa and maligna. I am induced to write this article from having witnessed the death of a little boy, seven years old, a son of Dr. Beadle, of Papillion, some ten miles from Omaha. This child was apparently dying of asphyxia when I saw it, having been ill some three or four days.

The parents demurring at tracheotomy, I was induced to try an experiment which had served me in the case of a soldier where tracheotomy had been considered the only resort after consultation. I applied as large a cupping-glass as I could get to take hold, over each tonsil; the breathing was immediately relieved,

and the soldier rapidly recovered. I used the same means in this case, first scarifying the skin with my lancet. The boy, from being comatose, sat up in bed and drank a cup of milk, continuing to take nourishment and medicine for three hours, at which time I returned home, having agreed to return at seven. On returning I found my little patient dead, he having grown rapidly worse, the doctor failing to again apply the cups, thus giving him mechanical relief until I could return and perform tracheotomy, thereby affording him a last chance for life.

This is the only case of death from diphtheria I ever witnessed. When seen by me he was too far gone to be affected by medicine.

The doctor had another son taken within a few days afterward, and he brought him to Omaha for treatment. He was treated by Dr. Coffman and myself on the above plan, and so far recovered in a week as to be able to return home.

I would say, in finishing this already lengthy article, that I have tried salicylic acid, carbolic acid, and in fact every other remedy worthy of trial, in the treatment of tonsillitis, and have always abandoned them for the above course.

IS CORNED BEEF POISONOUS?

BY H. LASSING, M. D.,
Of New York.

The newspapers have been full of accounts of persons, in various localities, who are said to have been poisoned from the use of corned beef. If this were unqualified truth, it would become the duty of the profession to recommend the exclusion of corned beef from the table.

The matter, being of so much importance, immediately received the attention of sanitary officers, the result of whose investigations it will be the object of this paper to furnish in a condensed form.

The Boston Board of Health had several cases under consideration, and found that in every case, in their jurisdiction, the meat which had caused the sickness was not ordinary nor canned corned beef, but what is called rolled corned beef, put up in tinfoil containing large quantities of lead, which had produced the well-known symptoms of lead-poisoning; hence corned beef cannot be charged with the sickness in Boston.

A case in Beverly, New Jersey, was also reported, and another in Portland, Me., both alike, as ascertained upon investigation, in cause, symptoms, and effects. These were caused, not by the corned beef eaten, but by imprudence in the use of other articles of diet.

One case, in New York city, was due to the eating of the contents of what is called in the canning trade a "swelled can" of corned beef, which had been thrown out as worthless and was picked up by a street Arab. The "swelling" of the can is due to the generation of gases from decomposition taking place, owing to the admission of oxygen in an imperfectly closed can.

The clearest case was that in Fairhaven, near New Bedford, Mass., under the observation of Dr. Isaac Fairchild, who gives the history and peculiarities of this trouble so clearly, that I here reproduce it:—

"On the morning of July 20th I was called to see the family of Isaac B. Dodge, of this village, consisting of Mr. and Mrs. Dodge and seven children, the oldest a girl of about 16 and the youngest two years. The children as a family are noticeably healthy and 'tough.' On entering the house I found Mrs. Dodge, a boy about 13 years old, and the youngest child, sick. The child, 2 years old, was lying in the arms of a lady, and was apparently in collapse; pulse slow and feeble, skin cold and wet with perspiration, complexion almost livid, with partial stupor. My impression was that the child would not rally. Under the use of stimulants, external warmth, and such nutrition as could be given, there was only partial reaction during the day, and the child died between 8 and 9 o'clock P. M., about twelve hours from the commencement of the attack. The child had vomited meat eaten at breakfast. At the same time Mrs. Dodge was lying on the floor in an adjoining room (she could not be kept on the bed), vomiting violently, with frequent diarrhœa. The vomiting commenced with throwing up the meat eaten at breakfast, but when I saw her the meat had all been ejected and she was vomiting a copious watery, somewhat tenacious fluid. Discharges from the bowels followed almost every vomiting, not very copious, and like thin gruel, with peculiar fetor, extremely nauseous. Her pulse was feeble, surface cool, with profuse perspiration. Two hours later violent cramps supervened, as severe, I think, as I ever saw in epidemic cholera. Mrs. D., since her recovery, says she has little, if any, recollection of her sufferings, or of what transpired.

The hypodermic use of morphia seemed alone of use in subduing the cramps or mitigating her sufferings."

"Mrs. D.'s case, the severest, was typical of all the rest. Mr. D. was very sick with vomiting and diarrhœa, the boy of thirteen likewise, and had cramps; another boy and two girls had vomiting and diarrhœa with no cramps, and in a few hours got over their sickness. All vomited the meat they had eaten at breakfast. A little boy who overslept, and another who had gone to drive the cow, were not at breakfast with the family, and were not sick at all. The oldest girl was not sick for two or three hours after I first saw the family, and on my asking her if she did not eat any of the meat, replied, 'I ate only a little bit.' But she was afterward sick, though "only a little bit," and she soon got over it; so of the other children who were slightly sick: they ate but little. Here is a family of nine persons, some of whom ate at breakfast canned corned beef; all were sick with similar symptoms, and proportionately to the quantity eaten by each. Then two children who did not eat of the meat were not sick at all, though they ate of the same breakfast, less the corned beef. All who were sick vomited the meat they had eaten, and the conclusion becomes irresistible that they were poisoned by the meat. I have no doubt that the poisoning was from the septic properties of the meat, not communicated to it by the can. The meat was bought the evening before, when all ate their supper of it without injurious effects, while the remaining portions of the meat were eaten for breakfast, with the injurious effects already described. The meat had been kept over night (which was exceedingly hot) in an ordinary closet, not on ice. The meat bore the brand of 'Libby, McNiell and Libby, Chicago.' In my opinion, the cause of this sickness was septic poisoning from corned beef pressed in cans, which had been opened, exposed to the air on a very hot night, and was allowed to decompose."

Professor R. Ogden Doremus also made a chemical analysis of the corned beef packed by the above firm, as well as that packed by another packing company of Chicago, procuring his samples from stores in the city. He found them healthy, sound and sweet, and free from all mineral and animal poisons. According to his official report, this pressed corned beef in tin cans is preserved by the pickle, the boiling, and by the fatty matters in it, besides being put up in air-tight cans.

The conclusion I come to, therefore, is that corned beef, if put up when fresh and sweet, properly pickled, cooked and canned, and eaten when first opened, is a healthy, nutritious article of diet, and, at the price it is sold, it becomes a boon to the rich as well as the poor, by furnishing a convenient, always ready and easily assimilated aliment.

It is but just to add that this canned corned beef is all put up in Chicago by two firms, in the same manner precisely, and that the New Bedford case, as explained above, is the only one which occurred from the use of the Libby brand, while the Beverly case occurred from the other brand. About three hundred head of cattle are killed daily, and all the meat which is adapted is canned.

Hospital Reports.

NEW YORK WOMAN'S HOSPITAL.

Atresia Vaginæ in the Virgin—Operation.

A patient, sixteen years of age, single, entered the service of Dr. Thos. A. Emmet for treatment. She said that she menstruated at fourteen years of age, and had been regular up to three months before admission, when her periods ceased altogether. At the menstrual epoch complains of headache, with a small amount of lumbar pain, but nothing very severe.

Vaginal Examination.—The anterior and posterior vaginal walls were found united about one inch from the ostium vaginæ, the line of union being seen only on close examination. It was noticed, also, that at the anterior and posterior extremities of this line two small openings existed. When a probe was passed into either of these small orifices, it was found that they met in a cavity existing between the atresia and the uterus. When the finger was passed into the rectum the uterus was found in abnormal position.

The operation for the cure of the case consisted in placing the patient on her hands and knees and dividing the obstructing band with the scissors. The uterus was then discovered to be retroverted and the anterior and posterior cul-de-sac partly obliterated by constricting bands. These were divided, and a glass plug inserted into the vagina. For the first week following the operation the glass plug was worn continually, for the second week only a part of the day, and gradually was dispensed with altogether. After a month the patient was discharged cured.

Atresia Vaginæ, the Result of Labor—Operation.

A woman entered the hospital, giving the history of illness dating from her labor, two and a half years previously. The pains of labor were at first weak, and she was directed to take ergot. Afterward the pains became severe, and she was delivered of a child weighing seven and a half pounds, without the use of instruments. A recto-vaginal fistula resulted, which closed spontaneously. When she was examined in the hospital, it was found that there had been severe lacerations of the vagina, which resulted in contraction till the cavity of the canal was of the size to only admit of the entrance of a lead pencil.

Dr. T. A Emmett separated the adhesions with a knife, and inserted a glass plug, which was worn for a month; at the end of that time the vagina was of nearly normal size, and it was then found that the cervix was lacerated. This was closed by sutures, and after two or three months the patient was completely cured, the only remaining trace of disease being a retroversion of the uterus, for which a pessary had to be used.

Uterus Distended with Menstrual Blood—Diagnosis of Pregnancy.

A patient, about 20 years of age, came under the care of a physician in the city, suffering from amenorrhœa, together with enlargement of the uterus. This enlargement continued to increase in size, and the diagnosis of pregnancy was made. In this diagnosis he was assisted by another capable physician. Parturition failing to take place in the usual time, the patient was sent to the Woman's Hospital for diagnosis and treatment. When she was examined an atresia of the cervix was discovered, which, when relieved, caused a copious flow of dark menstrual blood.

A sad feature of the case was that the patient was unmarried, and the diagnosis made by her medical attendants caused much mental trouble to her friends. The physicians, however, were justified to a great extent, inasmuch as an enlargement of the uterus taking place, accompanied with cessation of menstruation, would justify them in hesitating to introduce a sound to verify their diagnosis.

The operation for the cure of the atresia of the cervix consisted in securing the os uteri by means of tenacula, and then with the curved scissors freely dividing the tissues up toward the internal os.

The Metrical Method.

The leading article in this week's number merits the close study of every reader. The author, one of the most eminent pharmaceutical teachers in this country, explains, with remarkable lucidity, the advantages of the metrical method in writing prescriptions, and his words should command general attention.

Medical Societies.

PHILADELPHIA COLLEGE OF PHYSICIANS AND SURGEONS (June and July, 1876).

At the regular meeting in June, two cases of

Sarcomatous Tumor,

one of the lower jaw, involving the masseter muscle; a second of the parotid gland, involving the masseter muscle, both removed by operation, were reported by J. Ewing Mears, M. D.

The first case was one of peripheral osteo-sarcoma, taking its origin in the periosteum of the lower jaw, in a boy twelve years of age, a resident of Delaware, who was brought to the clinic at the Pennsylvania College of Dental Surgery, in the month of October, 1873. The following history with regard to the cause of the tumor was obtained at that time: In the month of July preceding, whilst in bathing, he received a severe blow upon the left side of the face over the region of the lower jaw, caused by coming in contact with the head of one of his comrades as he sprang into the water from the pier. At the time of the receipt of the injury he experienced considerable pain, and soon after swelling supervened. The soreness in part gradually diminished and finally disappeared, leaving, however, a slight enlargement. This was so slight as to produce no deformity, and in a few weeks the accident and its results were dismissed from mind.

During the course of the summer attention was attracted to a swelling of the face, which was attributed to a suspected decayed tooth which had been attacked by cold. The usual remedies employed in such cases were applied without causing the disappearance of the swelling, and the boy was placed under the care of a physician in the town in which he resided. At first the physician was disposed to regard the swelling as due to the cause ascribed by the members of the family, and directed treatment accordingly. Failing to obtain the results expected from the treatment, he was led to make a more careful and extended examination, and arrived at the conclusion that the case was of a more serious nature; he then advised that the patient should be brought to the city and placed under the care of a surgeon.

On examination, the left side of the face was found very much enlarged, the swelling occupying more particularly the region of the lower jaw, the greater portion of the body, the angle and ramus. To the touch it was hard, dense, and inelastic, and firmly attached to the bone. The overlying tissues were freely movable and yielding. The finger introduced between the cheek and the teeth into the buccal space could distinctly trace the attachment of the growth to the lower jaw. The external surface of the upper jaw was normal and the canine fossa

intact, showing the antrum to be free from disease. There was almost entire occlusion of the jaws, the patient being able by great effort to separate them to the extent of but one-quarter of an inch. In order to examine the internal surface of the lower jaw it was necessary to give the patient ether and forcibly separate the jaws by a lever, when the internal surface was found normal and not in any way affected by the tumor. The introduction of the exploring needle into the mass from the inside was followed by an escape of blood.

At no time during the development of the growth had pain been a prominent symptom. The increase in size had been very rapid, and the occlusion of the jaws compelled the patient to confine himself to the ingestion of liquid food. His general health was not notably impaired.

Owing to the closure of the jaws, it was found impracticable to effect removal by an internal incision, and therefore the operator employed an external incision, beginning just below the lobule of the ear, carrying it downward to the angle of the jaw, along the posterior border of the ramus, and thence forward along and slightly posterior to the inferior border to a point within one inch of the symphysis. The facial artery was secured at the anterior inferior angle of the masseter muscle, where it mounts upon the jaw, and divided. Dissecting the skin and superficial fascia upward to some distance, a freely movable flap was formed, which, on being raised, exposed the upper portion of the tumor. In order to reach its attachments below, it was found necessary to detach the superficial structures to some extent into the region of the neck posteriorly. The masseter muscle at its insertion was incorporated in the tumor; above, to one-third of its extent, it was free, and, on being divided, retracted to its points of origin. Having fully exposed the tumor, an effort was made to separate it from the jaw by the knife; but this was found impossible, and recourse was had to the chisel, by which it was detached, removing with it the external plate of the bone, softened and disintegrated to the extent of attachment of the tumor; posteriorly, the growth passed over the border of the ramus, and penetrated the deeper structures of the neck, overlying the external carotid artery; this portion was removed by careful dissection, and the rough spiculated surface of the bone was thoroughly scraped by the chisel.

The second case was one of sarcoma of the parotid gland of the right side, occurring in a patient who was admitted into the surgical wards of St. Mary's Hospital, in the summer of the year 1874, for a swelling which occupied the right side of his face.

He was fifty-eight years of age, and a furrier by trade. He had enjoyed good health until two years ago, when he had a partial attack of paralysis, involving the right side. This condition interfered somewhat with his work, but was not sufficient to compel him to abandon it. Three months prior to his admission he noticed a slight swelling upon the right side of the face, and at the same time experienced difficulty in opening his mouth to the usual extent. The swelling increased quite rapidly, and with its increase in size the occlusion of the jaws became more marked. A physician was consulted, who, regarding it as an inflammatory swelling, ordered sorbefacient applications. No benefit appeared to be derived from the treatment pursued, and the patient came to the hospital.

At the time of his admission the tumor had grown to quite a large size, and the occlusion of the jaws was nearly complete. An examination revealed the fact that the parotid gland and the masseter muscle were involved, and the jaw itself was supposed to be implicated. The removal of the growth having been determined upon, it was exposed by an incision extending from the zygoma downward, in front of the ear, and along the border of the ramus and body of the jaw to within an inch and a half of the symphysis. The flaps formed by this incision were freely dissected upward, upon the cheek, and downward, upon the neck, and the tumor, consisting of the parotid gland and the entire masseter muscle, was removed. The facial and external carotid arteries were in turn ligated—the facial before, and the external carotid artery after division. The jaw was found to be free from disease. The wound was closed by iron-wire sutures, and a compress and bandage were applied. Considerable suppuration ensued before the wound finally healed, which occurred four weeks after the operation.

At the July meeting, a case of

Diabetes Insipidus Treated by Ergot and Tannic Acid

was reported by James Tyson, M. D. It was as follows:—

C. H. W., aged 24, an American, and a sawmaker, first consulted me August 9, 1875. Two years before that date he noticed that he passed more urine than seemed natural, but he could not say that he was otherwise ill. His appearance is not that of a sick man, and he says he gains rather than loses weight. His appetite and digestion appear good, but he drinks a very large quantity of water. At this visit he was directed to measure the twenty-four hours' urine and return in a week.

On Aug. 16th he reported that he found that he passed about ten pints a day, that is 160 fluid ounces, or 4732 cubic centimetres; this amount was not strictly accurate, but approximately so. This evening he brought a specimen of the urine, which was found to be almost colorless, with a specific gravity of 1.002, and without sugar.

Having in my mind the case reported by Prof. Da Costa in the last volume of the *Transactions*,* I ordered him to take a fluid drachm of wine of ergot three times a day. On August 23d, a week later, he returned, saying he thought he was passing certainly not more urine than

* *Transactions* of the College of Physicians of Philadelphia, 3d series, vol. i, p. 139.

he did, perhaps a little less, but he had not measured accurately. Only once in the past week did he have occasion to rise at night; heretofore. he had had to do so quite frequently. The *fluid extract* of ergot was now substituted for the wine, to be taken as often.

On August 30th, he reported that he did not have to get up at night once during the past five nights. The specific gravity of the urine was now 1.010. On September 14th he reported the quantity of urine so reduced that he micturated but four times in the twenty-four hours, and passed not more than a pint at a time. This state of affairs continued for about five days, after which, notwithstanding the fact that he continued the ergot, the quantity again increased, and he was now (September 14th) urinating about ten times in the twenty-four hours; never having, however, to rise at night, although he goes to bed at ten and gets up at six. He thought he passed about a pint each time. The urine he brought this evening was almost quite colorless and had a specific gravity of 1.001. The fluid extract of ergot was now increased to *two* fluid drachms thrice daily, to be taken on an empty stomach.

On September 21st he reported about the same frequency of micturition, and the same quantity each time; also, that he has now to rise once during the night for this purpose. On September 27th the specific gravity was scarcely more than 1.000, and the urine almost color less; quantity about the same. He had been very thirsty, but did not observe the quantity of water consumed.

It was now thought best to change the treatment, and he was ordered fifteen grains of *gallic acid* three times a day, on an empty stomach, and told to measure the quantity of urine passed and of water drank. On October 5th the urine was of a pale yellow color, with a sp. gr. of 1.016, and its daily quantity much diminished. For the first five days after beginning the use of the gallic acid, he thinks he did not pass more than one and a half pints, or twenty-four fluid ounces (709 c. c.), in the twenty-four hours, and what he passed was darker in hue than the specimen brought this evening. The quantity is most probably underrated, but the fact that the urine was darker in hue than the specimen brought to me is presumptive evidence that the twenty-four hours' quantity was smaller rather than larger, the amount of coloring matter of the twenty-four hours being usually uniform. At the end of the five days referred to, when his supply of gallic acid was exhausted, the quantity began again to increase, so that he estimates the twenty-four hours' urine at ninety-six fluid ounces (2842 c. c.); color like that brought to me October 5th. The same treatment was continued.

On October 12th he brought me two specimens of urine passed that day, one in the morning and the second in the evening. The morning urine was pale yellow in color, and had a specific gravity of 1.012; what passed in the evening was lighter in hue, but presented the same specific gravity. He estimated the twenty-four hours' quantity at about sixty fluid ounces, micturating about seven times in the twenty-four hours. He had also much less thirst.

He was now directed to continue the treatment for one week longer, taking fifteen grains four times a day, after which he was to discontinue it. He was also asked to report again after a couple of weeks, that I might find out whether the improvement was permanent. He did not do so, however, nor have I seen him since.

Editorial Department.

Periscope.

Medical Treatment of Œsophageal Cancer.

We take the following from a lecture of Dr. Morell MacKenzie, in the London *Medical Times and Gazette*:—Directly cancer is suspected, the food should be most carefully selected. Milk is the most valuable aliment, and, on account of its highly nutritious and entirely unirritating character, should be regarded as the staple article of diet. Beef tea, mutton broth, turtle soup (free, of course, from pepper or salt), eggs, arrowroot, or thin, soft farinaceous food, may be given; but stimulants should, if possible, be avoided, as they irritate the diseased surface. It rarely happens that the œsophageal pump or feeding-bottle can be advantageously employed, as, if the stricture be so tight that fluid cannot be swallowed, an instrument can seldom or never be passed. Fistulous communication is rarely established between the œsophagus and trachea in cases of cancer of the gullet until the stricture is absolutely impermeable. It is when a fistula extends from the air-passages to the œsophagus that the œsophageal feeding-bottle is so extremely valuable. The patient must, as far as possible, be kept free from pain, and rest at night insured. Subcutaneous injections of morphia offer the most suitable means of effecting this end. In cold weather the apartments should be kept warm, all the conditions of the patient tending to lower his bodily temperature. As the disease advances, absolute aphagia is established, and the patient must then be fed by nutritive and stimulating enemata. Instead of the large liquid enemata which are commonly employed, it is better to use the semi-solid compounds of Leube, who has shown how greatly

rectal digestion is assisted by the presence of pancreas. The formula which I have found most useful is the following:—Beef, mutton, or chicken, 4 oz.; pancreas (b), 2 oz.; fat, 1 oz.; brandy, 2 drachms; water, 3 oz. These ingredients mixed together will measure about six ounces. The meat, sweetbread, and fat must be first passed though a mincing machine. It is often desirable to add five or ten drops of laudanum to the enema, which should not be administered more than once in the twenty four hours. The rectum should be washed out twice a week with warm water, three or four hours before giving the nutritive injection. It is necessary to use an enema-pipe with a bore of half an inch, otherwise the nutritious mass will not pass.

Treatment of Chronic Eczema.

Dr. A. S. Myrtle says, in the *Medical Examiner*, on this subject:—

In the treatment of chronic eczema no hard line can be drawn; here, as in most forms of disease, each has his favorite remedy, internal and external; this one swears by alkalies and colchicum, with water dressing; that by mineral acids and zinc ointment; another pins his faith entirely to iron or arsenic, with the application of powdered starch to the parts affected. Each and all have something, you may be certain, to recommend them; yet this very diversity of treatment shows that in chronic eczema no rule can be given for its specific treatment. The skin, as well as the patient, must be studied, as it has quite as many peculiarities as the man it covers, and is as ready to take offence when occasion offers as he is. I have often found that I had to change my plans; that cases did uncommonly well upon most methods for a time, then ceased to improve, and shortly became worse. I know no disease which so frequently tries our patience, and frustrates our best efforts. This is especially the case when it is accompanied with dyspeptic, hepatic, gouty, or rheumatic tendencies; and it is in such cases that a course of Harrogate sulphur waters and baths acts with the most perfect success. When it occurs in conjunction with struma, then the chalybeate saline springs, the Kissingen chloride of iron, and Alexandra especially, come in as agents of equal power. Whilst speaking of the treatment of chronic eczema, let me say a few words as to an opinion held by some, that in certain cases it is not advisable to attempt its cure; that you would drive it in, and throw a burden on some internal organ of far more importance to the economy than the skin, and in all probability do much harm. This, in general, I have never seen verified, and there are only two conditions that make me cautious in attempting to effect as speedy a cure as possible; these are where it occurs on the entire scalp and face during teething, and in elderly plethoric subjects with degeneration of arterial coats. In both of these I have seen serious and fatal mischief result from the rapid disappearance of an eczematous rash under the influence of medical treatment. In cases where it is complicated with spasmodic asthma, we very often find that as the rash gets better the breathing gets worse, and *vice versâ:* but no danger attends the substitution of one group of symptoms for the other, and it is difficult to say whether the patient's sufferings are greater when the breathing is laborious or the skin itchy. This form of complication is one I have found seldom influenced for good by bathing, although the internal use of the waters is often of great benefit. I have also remarked that where we have these complications, patients improve for a week or two after each change of residence or treatment, and then relapse to their old ways. In such cases I would imagine the compressed air bath might be found of use, but I have no personal experience of its effects in this unfortunate complication.

Internal Use of Corrosive Sublimate in Gonorrhœa.

In the *Centralblatt*, Dr. Bruck, of Buda-Pesth, recommends this treatment, as producing the following results:—1. In the course of six weeks, without any of the complications contigent on the use of injections, the gonorrhœa may be cured, and the means may be resorted to in the hyperæmic stage of the affection. The discharge during the first ten days is remarkably profuse, and then becomes less and less and more serous, the urethral burning being supportable, and the chordee moderate. 2. During the treatment, alcoholic drinks, strong coffee, and highly seasoned foods must be abstained from. 3. Purgatives are also to be avoided, being unnecessary during the use of the sublimate. 4. When much griping pain is produced in the stomach or intestines, the sublimate must be suspended for some days. 5. It is not to be employed when there is heart or lung disease. It is given in the form of pills, one centigramme divided into twenty pills being taken in the course of the first ten days. The next twenty pills contain two centigrammes, and are consumed in half that time, and so on.

The Etiology of Cerebro-spinal Meningitis.

The *Lancet* says. editorially, on this subject:—

Experience, happily scanty in this country, somewhat larger in Ireland, and even considerable in the United States and some parts of Europe, seems, however. to justify the conclusion that a distinct place among the specific diseases must be assigned to "cerebro spinal fever." Its occurrence in epidemics, often wide in their extent and as fatal as typhus in their results, the evidence of a general blood-poison in the extremely rapid onset of the disease, the profound symptoms, and petechial rash, these are a few of the facts which take it out of the region of merely local disorders. At the same time, it must be confessed that etiological data are few and insufficient. Various hypotheses have been put forward, but it must also be con-

fessed that none of these hypotheses have been sufficient to account for all the facts. In those places where epidemics of cerebro-spinal meningitis have been most frequent it has been found to prevail chiefly in the cold seasons, but that, although favored in its spread by insanitary conditions, it does not appear, like typhus, to be engendered by them; that it is not contagious, with a few rare exceptions; that it attacks the young in infinitely greater proportion than adults; and that its onset is favored by insufficient or bad diet (under which head may be included the view propounded by Dr. Richardson of its dependence upon the consumption of ergotized grain) and by physical fatigue, combined with exposure to cold and wet. Beyond these meagre facts, and in spite of the great prevalence of the disease, it does not seem that much is known more definitely concerning its etiology. The last-named causes are those which operate mostly in armies on active service, where it shows itself occasionally in an epidemic form, as occurred during the American war.

Reviews and Book Notices.

BOOK NOTICES.

Yellow Fever and Malarial Diseases. Embracing a History of the Epidemics of Yellow Fever in the State of Texas; New Views on its Diagnosis, Treatment, Propagation and Control; Descriptions of Dengue, Malarial Fevers, Jaundice, the Spleen and its Diseases, and Diarrhœa Hemorrhagica; with Practical Remarks on their Successful Treatment, etc. By Greensville Dowell, M. D., Professor of Surgery in Texas Medical College, etc. Philadelphia, Medical Publication Office, 115 South Seventh street. 1876. One volume, large 8vo. pp. 241. Price $3.50.

This compactly written work contains the results of thirty years' intelligent observation on the severe miasmatic diseases of the Gulf States, and of over two thousand cases of yellow fever which have been under the author's treatment in various epidemics of that disease.

On this latter malady we believe it will be found to be the most instructive and clearly written book in our language. Moreover, it is eminently *encouraging*, as the author believes and shows that yellow fever can be treated with almost uniform success, the mortality being reducible to five per cent., and that the great terror its approach inspires is groundless, providing only that an intelligent therapeusis and judicious nursing are fully observed. The nursing, especially, which includes diet and all sanitary surroundings, is minutely prescribed and insisted upon.

The author commences by giving in concise terms the symptoms of yellow fever, its varieties and modes of propagation, its prevention by quarantine and personal prophylaxis, the nursing and treatment called for. He next takes up the questions of quarantine and disinfectants in detail. and proceeds to support his views by a number of illustrative reports, concluding with a chapter on "My own Personal Experience in Yellow Fever," the perusal of which abundantly testifies to his practical knowledge of the subject. An ample statistical table is appended.

The remainder of the book is devoted to a study of the various forms of malarial poisoning most commonly met with in the Southwest, and this portion will perhaps interest the larger class of readers. They will find it worthy of their closest attention, and full of specific directions for the successful management of these multiform diseases. Dengue he considers a typical eruptive fever, not dangerous, though liable to be mistaken for other more serious complaints.

Malarial fevers proper he divides into congestive fever, intermittent fever, remittent fever, and hemorrhagic malarial fever. Icterus or jaundice, so closely associated with these types of paludal poisoning, is described from his own experience of it. A chapter is given to the anatomy, pathology and therapeutics of the spleen, that organ which so constantly sympathizes with miasmatic disturbance. Chronic inflamed spleen, the familiar "ague-cake" of the South and West, occupies the author's attention in proportion to its frequency, and he lays down a plan of action and formulæ for prescribing, which he states "will cure any case of enlarged spleen or chills."

Bloody flux, the "diarrhœa hemorrhagica" of authors, is the concluding article. He justly terms it "the great scourge of the Southern States," and the most fatal of diseases in some of their counties. He, nevertheless, does not hesitate to say that the plan of treatment he advises "will cure ninety-nine out of every hundred cases taken in time and persevered in;" and Dr. Dowell's long experience and high

character admit no doubt that he feels wholly justified in this strong assertion.

What we particularly commend about his treatment is that it is not in the least vague or incomplete; he gives his successful prescriptions in full; he enters into the minutiæ of dosage, diet, and nursing; he is as definite as he is positive.

The work is printed on excellent paper, in clear type. It is enriched by very artistic chromo-lithographs illustrating the color of the skin, liver, and intestines in yellow fever, and by a large folded map defining the yellow fever zone in the United States. These features have added much to the expense of the work, but also to its value to the reader.

A Practical Treatise on Materia Medica and Therapeutics. By Roberts Bartholow, M. D. New York, D. Appleton & Co., 1876. Cloth, 8vo, pp. 537.

In presenting this work to the public the author claims for it originality in the scheme of classification, in the subjects discussed, and in the practical character of its information. The classification certainly has the characteristic claimed for it, since it is made as carefully different as possible from precedents. Remedial agents, according to Dr. Bartholow, are divided into those which (1) promote constructive metamorphosis; (2) promote destructive metamorphosis; (3) which modify the functions of the nervous system; (4) which "cause some evacuation from the body;" and (5) topical remedies. This highly artificial and contradictory classification is relentlessly carried through, and the author packs his topics into his schema with the iron will of a Procustes. It were a safe wager that three times out of four the reader could not guess under which heading a given drug will be found.

The subjects discussed, except a few lately introduced drugs, do not appear novel. Nothing of importance, however, is omitted.

There is, as claimed, much practical information, and we are glad to note a greater willingness to give definite prescriptions than most writers and lecturers condescend to manifest. It were desirable, in another edition, that the author would be more careful in the Latinity of his formulæ. If teachers insist on continuing the absurdity of pharmaceutical Latin we have a right to ask them to give it correctly. On the first page we open to (185) we find twice *glycerini* (for glycerinæ), *alcohol* (for alcoholis or alcohol.), *aquæ*, *q. s. ad.* (where aquam, q. s. ad. is required). Very numerous errors of this kind disfigure the pages.

While there is a large amount of excellent material in the book, its arrangement is better suited to the student of materia medica, who follows the author's lectures, than to the practitioner, who wants a book on therapeutics. For the latter, the classification is actually annoying. If he wishes, say, to look up the therapeutics of diarrhœa, he must turn to twenty-three different references, scattered through four hundred pages of the book, including all the heads of the author's classification. Thus, if the latter is practically correct, the indications in diarrhœa must be to promote metamorphosis, to destroy metamorphosis, to modify the nerves, and to "cause some evacuation!" This is an example, and a fair one, of how this classification bears the test of practice.

Although the book is justly open to criticism on these points, it is an improvement on the physiological method of teaching therapeutics; and as the author is well known for his wide reading and close personal observation, it deserves, and no doubt will have, a large circulation.

The Preventive Treatment of Calculous Disease, and the Use of Solvent Remedies. By Sir Henry Thompson, F. R. C. S., etc. Second Edition. Philadelphia, Lindsay & Blakiston, 1876. 12mo, cloth., pp. 73. Price $1.

This little book contains the substance of two lectures delivered at University College Hospital by the eminent author. After giving a sketch of the early history of calculous disease as seen in the classical writers, he discusses the popular and professional medical cures for it. Of the mineral waters, he prefers Friedrichshall and Carlsbad, and decidedly condemns the long popular Vichy springs. What he aims at is to stimulate the excretory action without depressing the vital power. All popular and secret remedies, he says, are alkaline; they are solutions of either lime, soda, or potash, alone or combined; so the medicinal remedies employed by the faculty are nearly everywhere some form of potash or soda. The use of electricity as a solvent he does not consider successful. Lithotrity, as a simple and safe operation, he prefers to this and any other method, in the majority of cases.

THE

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D. G. BRINTON, M.D., EDITOR.

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115 South Seventh Street,
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THE CRANIOSCOPY OF CRIMINALS.

In noticing the last meeting of the German Association of Naturalists and Physicians, we referred to a paper by Professor Moritz Benedikt, on the physical psychology of criminals, and its bearing on their legal status. This remarkable paper has been translated in an English contemporary, and we extract from it some of its results.

The aim of his study is to show that a deficient organization of the brain lies at the foundation of the criminal propensity of brigands, habitual thieves, relapsing forgers, and other criminals; that the changes in the brains are, in such cases, of a very gross and palpable nature, so as to admit of easy demonstrations in the *post-mortem* room; and, what is more remarkable, that these peculiarities of cerebral organization may be recognized during life by a careful examination of the criminal's head.

The former principally consisted in the unsymmetrical development of certain portions of the brain. These peculiarities he claims may be recognized in life. To convince himself of this, Dr. Benedikt, in conjunction with his former pupil, Dr. Badik, physician to the Illawa prison, hastened to examine the heads of 365 murderers in that establishment. The result was that both these physicians were struck with the peculiar cranial conformation of a large number of the criminals, especially with the want of prominence of the external occipital protuberance, with the flatness of the occiput, the marked shortening of the occipital part of the sagittal diameter of the skull, and a want of symmetry in the two halves of the skull, which far exceeded that which is usually observed. If, in the normal skull, in a straight line from before backward, the distance is measured from the fossa behind the auditory foramen to the most posterior eminence of the occiput, it will be found to amount to two-fifths and more of the straight line drawn from before backward, in the middle line between the forehead and the summit of the occiput (the sagittal diameter). Now in the skulls of some criminals examined, this is not the case, inasmuch as the first line reaches one-third, or one-fourth, or less, of the second. This deviation Dr. Benedikt calls "Brachycephalia occipitalis."

Another "very characteristic" form of the skull, noticed in 56 per cent. of the habitual thieves in Leopoldstadt, is a condition which the author of the paper calls vertex-steepness (Scheitelsteilheit) or rising up from before backward." While, for example, the highest point of the crown generally stands a little higher (1½ centimetres) than the boundary line between the part of the forehead covered with hair; that which is uncovered and this proportion is altered in habitual thieves, and there are differences amounting to seven centimetres. But not only have the above abnormities been observed in criminals generally, but they are spoken of as varying in character and in frequency according to the class of criminals in which they were noticed. Thus the vertex-steepness just described is said to be peculiar to

habitual thieves. The occipital deviations appeared in the highest degree chiefly in robber-murderers, next in murderers from premeditation, and lastly in habitual thieves, whilst in normal persons the highest degree is very rarely found. On the other hand, the lateral symmetry mentioned above existed in a high degree in 37 per cent. of habitual thieves, but in only 26 per cent. of common murderers.

This looks very much like a revival of the exploded pseudo-science of phrenology. But Dr. Benedikt foresees this criticism, and makes the following distinctions: The fundamental idea of Gall, that the psychical functions are localized in the brain, is in a certain degree undoubtedly correct, but the chief defect in Gall's theory is that the latter imagined complicated psychical processes to take place in a definite part of the brain. Murder, thieving, forgery, etc., are complicated psychical functions. There is not only often a defect of intellect which is unable to foresee the consequences of the deed to be perpetrated, but the factors of such acts are composed of motor and sensory impulses also. It is, therefore, erroneous to assume for murder, for instance, a definite topographical change in the brain, since that crime is the product of different qualitative and quantitative factors.

Another fundamental idea of Gall is that the skull is a model of the brain, and although it has been objected that there are in the skull many accidental prominences which have no counterparts in the brain, his fundamental idea is not shaken, inasmuch as "no scientific man may, even if he does not altogether agree with Gall, dispute the doctrine that the construction of the skull is remarkably proportionate to the whole anthropological organization in brutes and in man." Therefore, the most that the present state of science warrants us in saying is, that the anterior part of the brain is the seat of the life of ideas (*Vorstellungsleben*), the middle part the seat of psychical action in a motor sense, and the most posterior part the seat of sensations and feelings; and that any marked deviations in the general conformation of those parts may be attended by a corresponding amount of deviation in the conformation of the skull.

Notes and Comments.

Plastered Wines.

Those who recommend wines for medicinal use should be guarded about their quality. Many French growers adopt the system of *plâtrage*, or artificial fermentation, by the addition of gypsum. This causes the disappearance of the alkaline phosphates, and the bitartrate of potash is replaced by sulphate of potash, that is, a purgative salt, in the proportion of from one to ten grains to a quart. Persons who use Bordeaux and similar wines, on account of their astringency, are thus sometimes seriously injured.

The Progress of Cadaveric Decay.

Physicians are not unfrequently called upon to give an opinion, in the case of the discovery of corpses, of the period that has elapsed since death. The following are the rules of Dr. Caspar, given in his *Medical Jurisprudence*. The temperature is assumed to be moderate, and the body exposed to the air.

(1.) The greenish discoloration of the abdomen and the softening of the eyeballs indicate that the person has been dead from twenty-four to seventy-two hours.

(2.) After three to five days, the green discoloration has become deeper, and extended over the whole of the abdomen, including the genitals; while similar patches have begun to appear on other parts, especially the back, lower extremities, the neck, and sides of the chest.

(3.) In about eight or ten days, the greenish patches have coalesced, and changed to a reddish-green; gaseous products have become developed in the abdomen; the cornea has become concave; the sphincter ani has relaxed; and the ramifications of the subcutaneous veins can be traced on the neck, breast, and limbs.

(4.) After fourteen or twenty days, blisters have appeared on the skin, and the development of gases has become general, distending the whole body.

(5.) Lastly, after this period it is impossible to determine the date of the decease.

CORRESPONDENCE.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XIII.

INSTRUCTION OF DEAF-MUTES, AND VOICE TEACHING, OR VISIBLE SPEECH.

CENTENNIAL EXHIBITION, Sept. 7th, 1876.

ED. MED. AND SURG. REPORTER:—

My last letter was devoted "To the Education of the Blind." Now, absolute deafness is far more of a hindrance in acquiring an education than blindness. We rejoice, however, that at the present day there are 5744 deaf and dumb pupils in the fifty-four institutions in the United States, who are receiving a valuable education. 640 of these are reported as semi-mutes, under which head are included the semi-deaf. In most institutions articulation is taught by the old method, and in seven of them they have introduced "visible speech." This latter class, and a few of the former, have availed themselves of it to cultivate whatever remained of speech by developing all its power, so as to make them understand by study the formation of the parts that produce the word, and teach them thus to speak.

In the Sixteenth Annual Report (1876) of the American Asylum at Hartford, Conn., founded in 1817, which is now before me, I find its able principal, Edward C. Stone, A. M., thus expresses himself on the use of "Bell's method," (as we have endeavored to show, in a series of papers in this journal.) "We continue to use Mr. Bell's method of visible speech, and find it exceedingly valuable. It is the success which has attended visible speech which encourages teachers of articulation, and stimulates them to increased efforts in their arduous undertaking."

Those who are unable to avail themselves of this knowledge of the hidden parts of the mouth are taught by the sign language, and receive the advantages of a useful education. There is also a National college at Washington, the only one in the world, so far as I am aware, where more advanced studies can be pursued and young deaf-mutes are graduated with a standing for scholarship not inferior to that achieved by the graduates of other colleges. Many of the graduates of this valuable institution have received appointments as teachers, editors, writers, and are found in the various government offices, quite capable of performing all the duties to the entire satisfaction of the principals These deaf-mutes are artists—engravers—and in the Centennial Exhibition will be found some most admirable pictures by them, and other products of their pencil and pen. They are also most capable handicraftsmen, and are to be found in almost all our shops and factories.

There is one radical defect in our system, in not providing that young deaf and dumb children should enter, in every large city, a *day-school*, preparatory to the public institution. A few of them can be, and have been taught at home, and when this is the case their progress is much more satisfactory and rapid, owing to the training and development of the mental faculties. The greater number of mute children have no such advantages, and are permitted to pass their earlier years in utter ignorance; not only so, but they are indulged and petted, owing to their defect, and completely spoiled in their tempers and dispositions, so that they become a source of trouble to their friends, and fear to those who are about them.

What is required is the appointing of an agent from our Board of Public Charities, whose duty would be to travel throughout our City, and even the State, and hunt up the neglected deaf-mute children, and see that they are placed in suitable schools, paid for and supported by the Commonwealth. Then teachers in large cities could be supplied with cards, etc., and teach the children the alphabet, and try in every means to interest them, by developing their mental faculties. For every one thus reclaimed from ignorance, and perhaps from a life of vice and crime, the advantages resulting to the community would far more than compensate the State for the expense incurred. By the same influence older mute children, could be reclaimed, and sent to the State institutions, who would otherwise have been kept at home and deprived of all the advantages of an education. We have advocated this plan for years, and published in our State Medical *Transactions* the same proposition, and will continue to publish until something more is done in our city and State.

Hearing children are learning language from infancy; they are usually sent to school when from four to six years of age, and attend regularly for one or more terms each year, until they are fifteen or eighteen. The mute child, in most cases, remains at home until eight or ten, as few of the institutions receive them before ten, so that six years of instruction are lost, at the age when the child's mind is plastic, and ready to receive all that comes to it, in a docile and childlike spirit.

I am happy to state that something has been done for the young mute children, and Boston has led the way, in her admirable day-school for young children, instructing them by "Bell's" Method, under the charge of Miss Fuller. There are also three day-schools in our State, at Pittsburgh, Erie, and Allegheny City, and one in Chicago and Cincinnati. We trust more will follow their good example.

I again refer to the International Exhibition, and find in the Netherland section reports from one institution for instruction of the blind, deaf and dumb, and the feeble-minded.

In the United States we have two or three State institutions, in which the blind and the deaf and dumb are instructed together, but the feeble-minded are in institutions by themselves; one of the most admirable is at Media, Delaware

County, in our State, and is supported by private contributions, and in part by the board paid for private cases, as well as for others who are maintained from funds appropriated by the States of Pennsylvania, New Jersey and Delaware. The city of Philadelphia has also a fund upon which twelve children may be sent. The number of inmates are 221. The institution is in charge of an able superintendent, Isaac N. Kerlin, M. D.

The second institution for the instruction of the deaf and dumb in the Netherland section is situated at Groningen. Annual reports 1790–1875, with description of the institution; course of instruction for the pupils, etc.

As early as 1790, the first institution for the instruction of the deaf and dumb was founded at Groningen, Holland. This was owing to the fact that a gentleman of wealth and intelligence had two children who were deaf and dumb, and he sent them to Paris to be educated by the system of the sign language. On their return they brought with them their tutor, and by his influence and that of their father the institution was founded, and has been in successful operation eighty-six years. After a time, a second institution for the instruction of the deaf and dumb was established at Rotterdam, which is under the directorship of Mr. Hirsch, who is a supporter of the artificial method, and I cannot do better than quote a few paragraphs from an address of his on the subject of deaf-mute instruction.

"The first and principal fact that has been made patent to society is the possibility of developing, intellectually, morally and religiously, the deaf and dumb. As to the means by the aid of which instruction can and ought to be imparted to them, opinions are very diverse, often contradictory. Those diversities and contradictions of opinion have given rise to differences in methods of instruction, and to dissensions between the schools of France and of Germany" The object to be attained is to render possible the admission of the deaf mute into society by teaching him to see—that is to understand—the movements of the lips, and to speak in his turn. "To attain this end, the act of seeing or comprehending, and of speaking, must be the exclusive principle of instruction, and neither the palpable alphabet nor the language of signs can have any connection with it. It is true that the language of natural signs is the first means employed by the teacher to enter into relations with the pupil, but he does not make use of this method for any length of time, and it is abandoned as soon as it can be superseded by speech. The daily observations which I have made for more than thirty years that I have devoted to the deaf and dumb have convinced me that *the art of seeing speech in the movement of the mouth is the most important* of all the branches of instruction, and that, therefore, it should be most sedulously cultivated.

"Next to the art of seeing or understanding, the act of speaking is the principal object of the instruction of the deaf and dumb. By this system ninety-nine out of every hundred deaf mutes may be taught, and their progress will depend entirely on the talent and patience of the teacher; this truth, too long and often too coldly doubted, is now penetrating everywhere."*

In the Swiss department of the International Exhibition will be found the Regulations and Reports of the schools for Deaf Mutes of the Cantons of Vaud, Aargau, Basel, St. Gallen; and at Berne there is a school for the feeble-minded.

The Educational Department of Ontario, Canada, attracts the interest of visitors of all classes, the instruments for illustrating physical science, and the appliances for imparting instruction to the blind and the deaf and dumb being especially attractive. Dr. W. J. Palmer, the distinguished superintendent of the Deaf and Dumb Asylum at Bellville, Canada, is now in charge of this display, and is untiring in his exertions to impart to visitors all the information they can possibly desire."

What is wanted, as we have before expressed ourselves, is the combination of the two systems, as now employed in a number of the schools for the deaf mute. The sign language is admitted, by every one of intelligence, to be a most valuable aid, which cannot be dispensed with in the case of the deaf mute who has no powers of articulation. Yet, in the present advanced stage of civilization, when education of the very highest order is given as free as the air we breathe, why should the deaf mute be debarred from his full share of this good gift, if he be only capable of receiving it?

As we were about closing this letter we received from Professor Charles W. Ely, A. M., the Seventh Annual Report of the Maryland Institution for the Education of the Deaf and Dumb, for 1875–6, in which he states that the class in articulation has contained twenty-eight members in a total number of pupils of 107. The general progress of this class, as the recent examination shows, has been good, while the advancement made by certain members of it has been such as to call for special notice. I am particularly pleased and gratified with the ability which ten of these pupils have acquired to read the lips and converse.

The following facts from the same Report are worthy of recording: during the seven years of this institution's existence, the whole number of pupils was one hundred and sixty-four. "In all, one hundred and forty-seven families have been represented; in eleven of these, producing fourteen deaf and dumb children, either the father or mother had deaf and dumb relatives. In other words, only fourteen out of one hundred and sixty-four children show any hereditary taint. In neither of the two families which show the largest number of deaf mute children, is the deafness inherited."

Yours,

L. T.

* A Clinical Manual of the Diseases of the Ear, by Laurence Turnbull, M. D. Philadelphia, J. B. Lippincott & Co., p. 433–4.

The Laros Poisoning Case.

Ed. Med. and Surg. Reporter:—

The trial of Allan C. Laros for the poisoning of his father—he is also indicted for the poisoning of his mother and Moses Shug—presents a few items worthy of record in a medical journal.

The history of the crime, briefly, is: that on the evening of May 31st, 1876, the family sat down to their evening meal as usual; some of them noticed that the coffee had a "peppery" taste, and in a short time all, with the exception of Allan, who never drank coffee, were attacked with violent vomiting. This was followed by purging, pain in epigastric region, etc. Medical aid was summoned, and afterward additional assistance, and the iron antidote from Easton. Four recovered and three died, Mrs. Laros in about twelve hours, Mr. Laros in about eighteen hours, and Moses Shug in about thirty six hours. The coffee-pot was found to contain a large quantity of a white powder, which, along with the coffee decoction, was preserved. Post-mortem examinations were made, and the stomach, with a portion of the small intestine, preserved for analysis. Without looking into the moral evidence, I propose to give a few points of the evidence for prosecution and defense.

The commonwealth endeavored to show that the symptoms and history of the case were such as to lead the attending physicians to diagnose arsenical poisoning. That they did so regard it was shown by the use of the antidote before any analysis was made. The defense, however, in their cross-examination obtained the opinion that it was not possible in every case to diagnose arsenical poisoning by symptoms alone. They then tried to explain the symptoms by other diseases, cholera morbus more especially. The chief difficulty was the presence of bloody stools. One physician thought he had seen bloody stools in cholera morbus, and Dr. Fields testified to have seen bloody stools quite frequently in *Asiatic cholera*, an observation which should be noted by the authorities on practice of medicine. The more carefully framed opinions, however, were that the symptoms resembled those of an irritant poison, which, when taken with the history of the case, made a very strong probability as to that poison being arsenic. The post-mortem examination, made by Dr. Fields, spoke of erosions (this in case of Mr. Laros only; the condition of the others was not presented as evidence) of the mucous membrane of the œsophagus, of a very inflamed condition of the exterior of the stomach, of perforation of the small intestines. In his opinion, cholera morbus might have been the cause of death, though all these appearances could be produced by arsenic.

Dr. McIntire, who made the chemical examination, reported nothing of perforation of that portion of the small intestines submitted to him. He, however, reported not only a redness, but the occurrence of the small petechia so frequently found in arsenical poisoning. In his opinion of the cause of death, he confined himself to the idea of great irritation and inflammation, characteristic of arsenic, and a great probability of that agent. His chemical examination proved clearly the presence of arsenic in the white residue and the coffee. A quantitative examination of the coffee proved the presence of twelve and a quarter grains to the fluid ounce, a much larger quantity than is put down in the books as soluble in coffee. He presented, however, the results of experiments, showing that even a greater quantity was capable of being dissolved, and gave as his opinion, from the results of his experiments, that the arsenic and coffee must have been boiling together for quite a while in order to dissolve so much. As to the taste of an arsenical coffee solution, his experiments caused him to conclude that it had a pungent taste resembling pepper. This observation was confirmed by experiments by Dr. Green. The analysis of the stomach revealed but an infinitesimal portion of arsenic, a few well-defined octahedra being found after separating the arsenic from the solution of the stomach by Reinsch's process, and carefully heating in a closed tube. He testified that this came from the stomach, and not the reagents, because the solution of the intestines, put through the same process, with the same chemicals, yielded negative results. He could not determine the cause of death from the chemical analysis. The liver was not furnished him, and consequently was not examined.

Another instance of the early removal of arsenic from the stomach is thus put on record; the great value is lost by the non-examination of the liver. The defense endeavored to prove the possibility of the presence of octahedral crystals of codeia, since the deceased had taken some laudanum. The answer was that codeia did not exist in the free state, and that the means employed would not separate it. This includes the chief part of the expert testimony, which was weak because not complete—neither vomit, nor urine, nor liver being analyzed. Nor, perhaps, was it strictly correct to find perforation of the intestines without making a more careful examination than could be done at the time of making the post-mortem, and, perhaps, from the extreme raity of the lesion, it would have been better to have preserved them, so that the accuracy of the observation could have been determined.

The theory of the defense was epileptic insanity. They adduced evidence from his family and friends that he was subject to "spells," in which there was a clasping of the thumbs, paleness of the face, spasmodic action of the muscles, unconsciousness, a want of recollection of what had transpired, peevishness either before or after his attacks, staggering of gait, hallucinations after the spasm, at which time he would sometimes be destructive. At no time was there frothing at the mouth, distention of the veins of the neck, nor lividness of countenance. Nor did all the symptoms above indicated occur in every attack. The only time

when a physician was called, some four years previous, epilepsy was not diagnosed. After the arrest these attacks became more frequent, but being nocturnal in character, for a while were not observed by the jail physician. When observed, however, he applied various tests for unconsciousness, such as the use of snuff, dropping burning sealing wax on different parts of the body, without eliciting any signs of sensation. He pronounced the disease epilepsy, and gave as his opinion, based upon his observations and the testimony, showing the occurrence of several "spells" for two or three days preceding and after the alleged act, that, at the time, the prisoner was not criminally responsible. On cross-examination, it was asked whether a man who was laboring under an attack of epileptic insanity could teach a country school intelligently, as the prisoner had done. The reply was that he could, since he might be able to pursue his ordinary avocation automatically.

The most important opinion as to the prisoner's insanity was that of Dr. John Curwen, of the State Hospital for the Insane at Harrisburg. His opinion was really twofold. The hypothetical question presented by the prosecution presented most strongly the general behavior of the prisoner, and the opinion was positive that he was criminally responsible. The hypothetical question of the defense magnifies very much the character of the attacks about the time, and the opinion was that it might be possible, since the limits of possibility could not be bounded. He was also of the opinion, from the detail of the symptoms, that the attacks were not those of true epilepsy. The evidence is all in and the pleading has begun; what the verdict may be is of no professional interest. The trial was but another example of the necessity of a reform in the method of examining expert witnesses. What shall it be?

Easton Pa., Aug. 28th, 1876. X.

News and Miscellany.

The International Medical Congress.

The formal opening of the sessions of the International Medical Congress took place on Sept. 4th, in the hall of the University of Pennsylvania.

At noon precisely the session began with prayer by Bishop Stevens, of the Protestant Episcopal Diocese of Pennsylvania. Professor Samuel D. Gross, of this city, then delivered the address of welcome to the delegates.

The address of Dr. Gross was followed by an address on medicine by Dr. Flint, Professor of Medicine in Bellevue Hospital Medical College, New York. The committee on nominations previously appointed presented a report recommending as officers of the Congress—

President—Dr. S. D. Gross, Philadelphia.

Vice-Presidents—Dr. Paul F. Eve, Tennessee; Dr. Jolliffe Tutnell, Dublin; Dr. W. L. Atlee, Philadelphia; Dr. C. Large, Copenhagen; Dr. J. B. Johnson, St. Louis; Dr. T. Seneleder, Vienna; Dr. Hunter McGuire, Virginia; Dr. Johan Hjort, Christiana; Dr. S. G. Richardson, New Orleans; Dr. William H. Kingston, Montreal; Dr. J. P. White, New York; Dr. H. Mujake, Japan; Professor N. R. Smith, Baltimore; Professor Rudnen, St. Petersburg; Dr. J. M. Toner, Washington, D. C.; Professor Hueter, Griefswald; Dr. G. L. Collins, R. I.; Dr. R. F. Hudson, Australia; Dr. H. Gibbons, California; Dr. P. De Basieux, Belgium; Dr. N. S. Davis, Chicago; William Adams, Esq., London England; Dr. L. A. Dugas, Georgia; Professor Simpson, Edinburgh; Dr. J. K. Bartlett, Wisconsin.

Honorary Vice-Presidents—Surgeon General Barnes, U. S. A.; Surgeon General Beale, U. S. N.

Secretary General—Dr. S. Mines Hays.

Assistant Secretaries—Dr. William B. Atkinson, Dr. R. J. Dunglison, Dr. R. A. Cleaman, Dr. W. W. Keen, Dr. Bertolet.

Section of Medicine.—Chairman, Professor A. Stillé; Secretary, Dr. J. Ewing Mears.

Biology.—Chairman, Professor J. C. Dalton; Secretary, Dr. J. Tyson.

Surgery.—Chairman, Professor Joseph Lieter; Secretary, Dr. J. H. Packard.

Dermatology and Syphilology.—Chairman, Dr. J. C. White; Secretary, Dr. A. Van Harlingen.

Obstetrics.—Chairman, Professor Barnes, of England; Secretary, Dr. William Goodell.

Ophthalmology.—Chairman, Dr. R. Brudenell Carter; Secretary, Dr. J. Green.

Otology.—Chairman, Dr. L. Turnbull; Secretary, Dr. C. H. Burnett.

Sanitary Science.—Chairman, Dr. Stephen Smith; Secretary, Dr. E. M. Hunt.

Mental Diseases.—Chairman, Dr. J. P. Gray Secretary, Dr. W. Kempster.

The nominations were ratified by acclamation.

In the evening there was a public reception by the medical professors of this city, in the Judges' Hall, on the Exhibition grounds.

In future numbers we shall give abstracts of some of the papers read, and the details of the proceedings.

Personal.

—A pugilist was killed in a prize fight near this city, August 31st. "Two Philadelphia physicians" were reported present in disguise, but extended no aid to the murdered man. Let us have their names.

QUERIES AND REPLIES.

Dr. W. H. C.—On hay fever consult Dr. Beard's recent work, reviewed in this journal September 2d.

Dr. W. R. P., of Virginia, desires the experience of others as to the most successful plan of treating the scrofulosis so prevalent among the mulatto population of the South.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1020.] PHILADELPHIA, SEPT. 16, 1876. [Vol. XXXV.—No. 12.

Original Department.

Lecture.

THE ANATOMICAL EVIDENCE OF THE DESCENT OF MAN.

BY PROF. EDWARD S. MORSE.

[The following extract from Professor Morse's Address before the American Association for the Advancement of Science, at Buffalo, N. Y., August 23d, contains such an admirable summary of the revelations of anatomy, when studied in its higher meaning, that we believe every reader will be pleased to peruse it.—Ed. Reporter.]

* * * * * * * * *

The facts bearing on man's lowly origin have been fully contributed by American students, and as all intelligent men understand the bearing of these facts on the question, it is only necessary to allude to them here. If man has really been derived from so lowly an ancestor in common with the ape, we must expect to show—1st, that in his earlier stages he recalls certain persistent characters in the apes; 2d, that the more ancient will reveal more ape-like features than present existing in man; and 3d, that in the present existing races of men certain characteristics pertaining to early men still persist in the inferior races.

Professor Wyman points out certain resemblances between the limbs of the human embryo and the permanent condition of the limbs of lower animals. "In some human embryoes, about an inch in length, he found that the great toe was shorter than the others, and, instead of being parallel to them, projected at an angle from the side of the foot, thus corresponding with the permanent condition of this part in the Quadrumana."

In some observations made on the skeleton of a Hottentot, Professor Wyman calls attention to the complete ossification of the nasal bones, no suture remaining. This was more noticeable as the individual was young; and the other bones were immature, and had an interest in connection with the fact that the nasal bones are cuspid at an early period in the monkeys, and before the completion of the first dentition in gorillas and chimpanzees. Careful measurements of the pelvis also revealed quadrumanous features, though "the resemblance is trifling in comparison with the differences."

In a study of the crania, Wyman found differences in the relative positions of the *foramen magnum*. In the North American Indian this opening was further back than in the Negro, while some crania from Kanai presented this opening still further back than in the Indian; and more than half the lot from Kanai had the peculiarity in the nostrils first pointed out in the Negro by Dr. John Neil, of Philadelphia, namely, the deficiency of the sharp ridge which forms the lower border of the opening. In its place is a rounder border, or an inclined plane. This feature occurs very frequently in different races, but more rarely in Europeans. It is, however, never absent in the apes. Professor Wyman, in studying characters of certain ancient crania, from a burial place near Shell Mound, Florida, observed the *foramen magnum* quite far back, and remarks on the massive

character of the bones composing the skull, the parietal being nearly twice the thickness of ordinary parietals, while "the general roughness of the surfaces for muscular attachments on the hinder part of the head is very striking."

In certain measurements of synostatic crania, Professor Wyman found that the length of the parietals was twenty-four millimetres above the average, the parietals being lengthened from before backward, the frontal and occipital being but slightly augmented. Now, on the much-discussed Neanderthall skull, wherein it is urged by Dr. Davis that it is a synostatic skull, though denied by Huxley, Wyman shows that the porillats measure nine millimetres *below* the average, which is certainly against the view that the Neanderthall skull is synostatic.

In an essay, entitled "Observations on Crania and other parts of the Skeleton," Professor Wyman shows that the relative capacity of the skull "is to be considered merely anatomical, and not as a physiological characteristic," a mere distinction, certainly, in considering the large capacity of certain ancient skulls, since we must know the plurality, as well as the quantity, in order to assume the intellectual position of the races. In this essay is also quoted the results of a large series of measurements made by Dr. B. A. Gould, in which it is shown that the arms of the blacks are relatively longer as compared with the whites, in this respect approaching the higher animals, a confirmation of the observations made by Broca, Pruner Bey, Lawrence, and others.

The perforation of the humerus, which occurs in the apes quite generally, was found to occur rarely in the white race. Of fifty humeri, Wyman found but two perforated, while of Indian humeri he found thirty-one per cent. perforated. With the remains of ancient men, there has been found among some of them a remarkable lateral flattening of the tibiæ, unlike anything found at present, but always characteristic of the earliest races. These tibiæ have received the name of platycnemic tibiæ.

Wyman quotes Broca as saying that the measurements of these tibiæ resemble the ape; and, what is more striking, in a small number of instances "the bone is bent, and its angles so rounded as to present the nearly oval section seen in the apes." The occurrence of these platycnemic tibiæ has been noticed by several investigators. They have been sustained from the mounds of Kentucky, by Mr. Carr, Mr. Lyon, and Mr. Putman. Professor Wyman found them in Florida mounds. To Mr. Henry S. Gillman, of Detroit, science is indebted for the discovery of the most flattened tibiæ ever recorded, exceeding even those discovered in Europe. Mr. Gillman has opened a number of mounds along the Detroit and Rouge rivers, in Michigan, and has assiduously studied the characters of these remains, which indicate a very ancient race of men. Many of these tibiæ he has sent to Mr. Peabody's Archæological Museum at Cambridge. Associated with these remarkable tibiæ are large numbers of perforated humeri.

At the Detroit meeting of the Association, Professor W. S. Barnard showed that the muscles which move the fingers and toes have been developed from one common muscle, and in studying the various degrees of specialization of the muscles which move the hand and foot through the gorilla and lower apes, he finds that in the foot "man remains a creation of the past, not modified by that which makes him a man, the brain. The hand has been modified and perfected by its services to the brain."

Professor Barnard also contributed another essay, entitled "Comparative Miology of Man and the Apes." From very careful studies he is led to believe that the relative position of the origin of the muscles is more constant than that of their insertions. In this examination he brings to light a muscle which Traill dissected in the higher apes, and which he called the *scansorius*, and this was supposed to have no representative in man.

Traill was followed by Wyman, Owen, Wilder, and by Bischoff, who, in a controversy with Huxley, argued from this muscle against the simian origin of man. Prof. Barnard now shows that Traill was mistaken, and that other naturalists were misled by the weight of his authority. What Traill interpreted as the *gluteus minimus* is the *pyriformis*, and what he figured as a new muscle, separating the apes from man, the *scansorius*, is the homologue of our *gluteus minimus*.

From gradually accumulating data in regard to micro-cephalic skulls, it would seem as if Carl Vogt was right in judging them to be cases of reversion. Professor Wyman says, in regard to a micro-cephalic skull from the Mauritius, that, "taking together the high temporal ridges, the union of the temporals with the frontals, the projection of the jaws, the narrow and re-

treating forehead, the small capacity, and the form and proportions of the nasal openings, the general resemblance to that of an ape is most striking, and seems to justify Vogt's expression of a man-ape, it being understood that the skull we are describing is not a natural but an anomalous formation."

It would be difficult to imagine, indeed, that mere reduction in the size of the brain through arrest of development should produce a series of characters so closely resembling the apes as is found to be the case in so many widely separated examples. Thus, in the Mauritius micro-cephalic skull the capacity is only twenty-five cubic inches. The jaws are extremely propinquious, the zygomatic arches stand out wide and free, and the temporal ridges approach within one and a quarter inch. If such examples should prove to be veritable cases of reversion, then we have a parallel in the startling appearance of the long-lost rudimentary toes of the horse, traces of which are only seen in the hidden splint bones. In the seventh annual report of the Archæological Museum, Professor Wyman describes a micro-cephalic skull from the ancient huacus of Peru. Its capacity is only thirty-three cubic inches; "the frontal bone, so much slanted backward, has a decided ridge corresponding to the frontal suture, and is slightly concave on each side of it."

Wyman states that the bones of the head are well formed, though, from the diminutive size of the brain, idiocy must have existed.

If we take into account the rapidly accumulating data of European naturalists concerning primitive man, with the mass of evidence received in these notes, we find an array of facts which irresistibly points to a common origin with animals directly below us—the massive skulls with coarse ridges for muscular attachments, the rounding of the base of the nostrils, the early ossification of the nasal bones, the small cranial capacity in certain forms, the prominence of the frontal crest, the posterior portion of the *foramen magnum*, the approximation of the temporal ridges, the lateral flattening of the *tibia*, the perforation of the humerus, the tendency of the pelvis to depart from its usual proportions, and associated with all these a rudeness of culture and the evidence and manifestation of the coarsest instincts. We must be blind indeed if we cannot recognize the bearing of such grave and suggestive modifications.

Communications.

GUNSHOT WOUND OF THE SKULL; BALL RETAINED SEVEN YEARS; EPILEPTIFORM CONVULSIONS; OPERATION—CURE.

BY THEODORE A. DEMME, M. D.,

Of Philadelphia.

On the afternoon of September 9th, 1868, Mr. C. F., aged 20 years and 9 months, in a moment of great excitement, shot himself in the right side of the head, using an old single-barreled pistol, loaded with several balls. He was removed the same day to the Pennsylvania Hospital; he was unconscious, and continued so for a considerable time afterward. An examination revealed a gunshot wound in the right temporal region. The soft parts were lacerated and torn, the wound, extending almost vertically upward for several inches, showing that the charge had glanced in that direction. The same evening numerous pieces of splintered bone were removed, and, according to Mr. F., a ball extracted. He remained for a long time in a critical condition, but, under the skillful care and attention received, gradually improved, and seventy-three days after his admission to the hospital he was discharged, cured. His health continued good, and he was able to attend to business without a day's intermission. In the course of time the very remembrance of his narrow escape had almost faded away.

On the 17th of June, 1875, almost seven years after the gunshot injury, he became overheated at his work (morocco-dressing), and started for home about four o'clock, feeling "dull, heavy, and dizzy in the head." On the road home he purchased some grapes, and arriving at his house about half-past four o'clock, sat down on the sofa, alongside of his young wife, and ate a few of the grapes, when suddenly he fell backward, totally unconscious. I saw him shortly after five o'clock, and found him in bed, unconscious; very high fever; full, hammering, slow pulse; skin dry and hot; pupils contracted. The remarkable phenomenon presented itself of violent clonic spasms of the left side, the muscles of the entire side rapidly contracting and relaxing, the limb, arm and left face being in constant spasmodic motion; the right side meanwhile remaining perfectly quiescent.

Upon my arrival, I found that the impression upon the minds of the many friends and neighbors who had assembled was that the patient was suffering from a "heat-stroke." They were confirmed in their opinions, in the first place, by the fact that he had stopped work, stating that he felt overheated; and, in the second place, that in 1864 he had had a sunstroke, and for many hours remained in a very critical condition. The symptoms, however, led me to diagnose active congestion of the right cerebral hemisphere, and the treatment was accordingly so directed, viz.: leeches to the right temple, cupping to the nape of the neck, powerful revulsives to the limbs and spine, and active purgation. About midnight there was a decided amelioration of the symptoms, and shortly after administering a dose of bromide of potassium (gr. xx) and chloral hydrate (gr. xv) he appeared to fall into a profound sleep. The next morning I found him perfectly conscious, complaining of weakness, muscular soreness and headache. He rapidly improved, and at the end of a week resumed his work. After the lapse of a month Mr. F. visited me in the office, to obtain relief from, as he described it, intense neuralgia of the head. The remedies I prescribed afforded no relief. In August he was suddenly seized, while in bed, with an attack very similar to that of June above described. The epileptiform convulsions of the left side were not so violent, and consciousness was not entirely gone; he could be aroused to answer questions, and frequently groaned, "My head, my head." His recovery was so rapid that on the third day he was able to take open-air exercise. I condense the rest of the history:—

Every few months there was a return of the peculiar spasms. The pain in the head increased so as to be almost unbearable; he became morose, low-spirited, desponding, and at last so desperate that he thus expressed himself to me: "Doctor, I cannot live this way; at one time those spells, and at another this terrible pain; give me relief, or let me die."

Frequent examination enabled me to discover at the upper end of the furrow marking the course of the gunshot wound, about an inch and a half above the ext. aud. meatus, a spot exquisitely tender upon pressure, and apparently elevated above the surface of the skull. Being convinced that either an ostosis or the presence of a foreign body was the cause of the train of symptoms, I determined to perform at least an exploratory operation, to ascertain, and, if possible, remove the cause of the suffering.

On the 8th of April, assisted by Dr. J. P. Bethel, I made a long vertical incision through the soft parts down to the skull, separated the lips of the wound, and freely exposed the prominence which had guided me; it was a bony elevation, irregularly elliptical in circumference; the long diameter, which corresponded in direction with the course marked by the gunshot wound, was about $\frac{5}{8}$ of an inch in length. It was now palpably evident that I had exposed a bony cyst containing some foreign body. With a sharp-cutting chisel I soon broke through the covering, and saw imbedded in the bone the treasure trove, a pistol ball. With considerable difficulty I introduced the end of an elevator beneath the *corpus delicti*, and brought it once again to the light of day.

The ball, which I send to you for examination, weighs fifty seven grains, and had been imbedded in the skull nearly seven years.

A period of four and a half months has elapsed since the operation, and up to this time Mr. F. has not had a return of any of his former troubles, but has continued in the enjoyment of the best health.

NOTES ON PARISIAN OPHTHALMOLOGY.

BY SWAN M. BURNETT, M. D.,
Of Knoxville, Tennessee.

The following notes comprise observations made at the Parisian ophthalmological clinics during the winter and spring months just past.

The greater part of the material for these notes was obtained at the clinique of Von Wecker. His is much the largest clinic in Paris, and furnishes a larger number of interesting cases; while the enthusiastic Franco-German master is indefatigable in pushing onward into the scantily worked fields of his chosen specialty, and is constantly bringing forward something new, either in the way of instrument, apparatus or operative procedure. But while the clinique of Von Wecker is considered *par excellence* the ophthalmological clinique of Paris, and as representing, so far as one institution can, the Parisian school, there are others which are doing good work both for scientific ophthalmology and in disseminating sound knowledge among the numerous students that throng the French capital. Abadie, Galezowski, Desmarres (fils),

Sichel (fils), and Landolt all labor earnestly and conscientiously to advance the best interests of their favorite science, and no one can come away from one of their cliniques without feeling glad that he had gone. That is one of the advantages of a private clinique, such as they have in France. The surgeon feels a personal interest and pride in it that he could not feel in a public institution.

The observing medical tourist cannot fail to be struck with the geographical distribution of disease that comes under his notice. He finds one form of disease prevalent in one country and only rarely met with in another, and that, too, without any assignable cause. Thus in London you would expect to find *granular lids* common among the poor, yet it is but seldom that a case presents itself among the thousands that come annually to Moorfields. In Paris it is more frequent, but not so common as with us in America. Wecker and Sichel treat it and all forms of conjunctivitis with argent. nit. in solution, and a solution (saturated) of acetate of lead. In the active stage the silver is used, and later on the lead, applied by means of the camel's-hair pencil. Sichel also uses in the later stages, when the granulations are well-nigh reduced, the crystal of sulphate of copper.

Lachrymal Affections

Are also more frequent than in any cliniques I have seen. You always see a goodly number of cases for the "sound." Wecker uses the probes of Bowman, but Sichel uses those of Weber, after having first passed a Stilling's knife down through the nasal duct and divided the stricture. Wecker, in all cases of conjunctivitis, and in most corneal affections, examines the state of the *puncti*, and if he finds them everted, slits up the canaliculus for a short distance. Many cases of conjunctivitis and corneal inflammation are brought on by the decomposition of and subsequent irritation by the tears retained in the conjunctival sac. In numerous cases I have seen these conjunctival and corneal affections pass away without other treatment after this division of the canaliculi.

Specific Keratitis

Is extremely rare in the Parisian cliniques. Very seldom indeed do you see the notched teeth of Hutchinson among the children presenting themselves. One cannot but be surprised at this, since syphilis is as common in Paris as in London, or at least we are taught to believe so. It is not improbable that the better hygienic condition of the Parisian poor may have something to do with the rare appearance of this form of inherited syphilis. On the other hand, I think that specific troubles of the iris, choroid and retina in adults are more common in Paris than in London or New York.

In ordinary keratitis, Wecker depends, in treatment, on atropine, camomile fomentations, and, in the phlyctenular form, the internal administration of quinine and iron. Latterly, in some forms of corneal inflammation, and in all cases where there is a purulent discharge from the conjunctiva, he uses a solution of carbolic acid, 1 gramme to 300. In some instances he has used salicylic acid with equally good results. He finds this antiseptic treatment applicable to all those cases in which Gräfe recommended aqua chloré.

Cataract.

Wecker, it is said, makes more extractions of cataract than any other one man in the world. His average is about two hundred and fifty a year. At present he is doing his own operation very largely. As there are already several published accounts of this, I will not here detail the different steps of the procedure. He has not made any material alterations in it lately. The only important modification is, that he instills the ezerine just as the patient takes the operating chair. In this manner, he says, the chances of a prolapsus of the iris is much diminished. Within the last few months I think he has been selecting his cases for this operation more carefully. In all of his cataract operations he now takes note of the tension of the globe and mobility of the pupil, and where he finds the tension at all increased, or the pupil sluggish in response to light, he does the Gräfe. He now reserves, to use his own words, his operation for cases of simple cataract without any complications. When his operation is successful, there can be no doubt that the success is better than in the Gräfe; but the same can be said of the old flap. The operation *looks* easy, the most difficult part appearing to be the division of the capsule. The statistics of the operation are not such, I think, as to warrant us in assigning it as yet its true place among the various modes of extraction. I found a growing tendency among ophthalmologists to adopt Morsen's method of making a preliminary iridectomy. Snellen, of Utrecht,

and Horner, of Zurich, do it quite frequently now; and Landolt, in Paris, and Critchett, in London, always follow this plan where it is possible. I have never seen any one else but Wecker do his operation; every one seems to cling to the Gräfe, with some modification. As a rule, the incision is made more in the cornea than that originally adopted by Gräfe. Some cases in which sympathetic trouble of the fellow-eye has followed the extraction by the Gräfe method, have led operators, as a rule, to remove the incision as far as possible from the ciliary region. In Abadie's clinic I saw an eye that had been removed after an extraction by the Gräfe, on account of sympathetic inflammation in the other. In it the cause of the trouble seemed to be the remnant of capsule that had become entangled in the wound, which in contracting had caused great tension on the opposite ciliary region. Wecker claims that in his operation this entanglement of the capsule is well-nigh impossible.

In making iridectomies, Weber and Landolt employ the extraction knife of Gräfe, and in making the section of the iris use the *pince ciseaux* of Wecker. The mode of making the section has advantages that the old lance-shaped knife does not offer. You can make it quite as peripheral, and it can be employed in very shallow anterior chambers where the lance-shaped knife is not admissible.

Iridotomy

Still holds its own as an important and indispensable operation in a certain class of cases. I saw Wecker and others do it many times, and in no case, I think, with a bad result. Wecker speaks most highly of a modification of the operation recommended by Dr. Green, of St. Louis, at the meeting of the American Ophthalmological Society in 1875. This modification consists in dividing the iris at right angles to the line of greatest traction. This gives the widest pupil possible under the circumstances, and in the cases in which I saw it done the result was admirable.

As regards the use of iridectomy in chronic simple glaucoma, Wecker is as yet undecided. If the diagnosis of all cases called chronic simple glaucoma was certain, the value of iridectomy would be less likely to be called in question; but in many of these cases a positive diagnosis is well-nigh impossible. It is extremely difficult to differentiate some cases of chronic simple glaucoma from atrophy of the nerve with excavation, and the therapeutic indications, according to Wecker, are very different in the two affections. He lays it down as a law that when there is an atrophy of the nerve, especially a progressing atrophy, an iridectomy should never be performed. In some way, as yet unexplained, an excision of a piece of the iris exercises a decided influence on the nutrition of the nerve. It is but too well known that in some cases of what are called simple chronic glaucoma, there is a rapid deterioration of vision after an iridectomy.

Peritomy.

Wecker prefers this operation, in cases of vascularization of the cornea, to inoculation. In fact, I did not see a single case of inoculation in Paris, and all I heard speak of it did not look upon it favorably. Wecker does many of these peritomies, often for a partial vascularization of the cornea. I saw him also do a peritomy in a case of incipient sclerosis of the cornea.

Wecker still follows his plan in operating for

Staphyloma.

The advantage he claims for it over Critchett's practice of abrasion is that the sutures, being only through the conjunctiva, are not liable to cause any sympathetic trouble in the other eye.

I cannot see any particular advantage to be gained in any of these plans of abrasion, except where the orbit, through pressure of the excessively enlarged bulb, has become very much enlarged. Ordinarily an enucleation leaves a sufficiently large and movable stump on which to fit an artificial eye, and then your mind is at ease regarding sympathetic troubles.

I saw Wecker attempt to puncture the optic nerve sheath by means of the instrument exhibited by him at the London session of the International Ophthalmological Congress. In this instance, I do not think the nerve sheath was incised, or, if it was, the symptom (serous infiltration of the retina) was not abated.

Wecker still tattoos the leucomatous corneæ that come under his observation, and the results in nearly all the cases are most decided, as regards improvement in appearance.

In the department of

Refraction and Accommodation,

The man who stands scientifically at the head of the list is Landolt. His association with

Donders, and his work in Gräfe and Sämisch's Encyclopædia, give him a prestige that his subsequent labors are sustaining. Ophthalmological teaching in Paris needs just such a man as Landolt. Previous to his coming there, there was no place where a student could study systematically the more intricate problems of physiological optics.

The Metrical System

Has already been put in practice by Wecker and Landolt. The latter has written an exposition of this system as it is at present employed in ophthalmology, a translation of which into English can be found in the London Ophthalmic Reports for May, 1876. Wecker has tried it long enough to demonstrate its superiority over the old system. The calculation of presbyopia, and the addition and subtraction of glasses, are reduced to the utmost simplicity and ease. They look to America and her enterprising ophthalmologists for assistance in a speedy introduction of the system into practice, and I trust they may not look in vain, for it is a progressive step in the right direction that I should be sorry to see checked.

Medical Societies.

INTERNATIONAL MEDICAL CONGRESS.

This body convened at the Hall of the University of Pennsylvania, on Monday, September 4th, 1876, Professor S. D. Gross in the Chair. We present the following abstract of the opening address of Professor Gross:—

"My colleagues have confided to me, as the President of the Centennial Medical Commission, the agreeable and honorable duty of opening this International Medical Congress, so long the object of their solicitude and earnest labor. In their name, then, as well as my own and that of the entire medical profession, whose great heart this day throbs in unison with ours, I extend to you our right hand, and bid you a thrice-cordial welcome to the City of Brotherly Love. The occasion which has brought us together this morning is one of no ordinary kind; it is one, also, which has been long, and, I may say, anxiously, anticipated. It might, perhaps, seem ungracious if I were to tell you how much time and labor have been bestowed by the Commission, through its Committee of Arrangements, upon the organization of the Congress; how often they met to devise plans and to interchange views; how earnestly and thoughtfully they performed their work; in a word, how faithfully and conscientiously they discharged the great trust confided to them by the different medical bodies of the city and county of Philadelphia, in which the Congress originated nearly two years ago. Not a little embarrassment often attended their progress, and it was, therefore, not without a profound sense of relief, such as a weary traveler may be supposed to experience at the end of a long and tedious journey, when we found that our task was finally brought to a successful close. If the organization is less complete than to some of you it may seem to be, no blame will, I am sure, be ascribed to the Commission on account of any shortcomings. There might, possibly, have been wiser and more experienced heads at work; but warmer hearts, or more conscientious men never were, I venture to affirm, engaged in a noble enterprise. Such, then, as the work is, we cordially submit it to your consideration, satisfied that it will be accepted by you in the same kindly spirit in which it is tendered, and that any deficiencies that may mar its character will be duly rectified by your superior wisdom.

"It is at all times a source of gratification to welcome friends, especially when they are united by the bonds of a common brotherhood, or an identity of interest; but on this occasion, so pregnant with important events, the feeling is vastly heightened by the fact that we have assembled around us brethren not only from every section of this great continent, but from various foreign climes—from Europe, the far East, from Japan and China, the islands of the Pacific, South America, Mexico, the West Indies, and, I had almost said, from every country in the world. The invitations sent out by the Commission cover every prominent medical society and every distinguished medical man in the four quarters of the globe. The object was to bring together representative men from all nationalities to participate in our proceedings, and to afford us the benefits of their wisdom, and the results of their experience and scientific investigations. If all these, or even a respectable minority of these representative men, could have been here, what a glorious spectacle would be presented in this hall this morning! Men laying aside for a while their ordinary pursuits, crossing vast continents and perilous seas, congregating to unite with us in celebrating our first Medical Centennial, in interchanging cordial salutations, in deliberating upon the best means of promoting the holiest and dearest interests of our profession, and in laying their contributions—the accumulations of years of study and observation—upon a common altar for the common good! In its wide range, the present Congress is without a parallel. Similar bodies have repeatedly met, but none on so grand a scale or with such a cosmopolitan outlook.

"In organizing the Congress the Commission may have been guilty of undue partiality toward their own country. Perhaps such a tendency was, after all, only natural. However this may be, certain members felt an irresistible desire to show the world what the century, since the establishment of our independence as a free and

sovereign people, has accomplished for scientific medicine. For this purpose topics illustrative of the progress and present condition of the different branches of medicine in the United States have been assigned to gentlemen of acknowledged rank in the profession in different sections of the Union. These exercises will, it is believed, add greatly to the interest of the occasion. Time was when we had no medical literature—no medical science—when we were utterly helpless, and wholly dependent upon the aid derived from our European brethren, especially the English, whose language, practice, and habits we made our own. The poverty of the country in these respects cannot be better illustrated than by the fact that we had no native works on medicine and the collateral sciences until after the commencement of the present century. Many of you will recall the words of the great English lexicographer, who, in 1769, in speaking of the American colonies, exclaimed, 'Sir, they are a race of convicts, and ought to be thankful for anything we allow them, short of hanging.' The Abbé Raynal, writing in the latter part of the last century, declared that America had not yet produced a single man of genius; and the exclamation of a celebrated Scotch reviewer, uttered at a more recent period, 'Who reads an American book, who goes to an American play, or who looks at an American picture?' is still fresh in the memory of many of the present race of men. The discourses which will be delivered before you on the progress of American medicine will serve to show that the profession of the United States has earned for itself an enviable reputation, and that it is fully abreast with all the other pursuits that adorn the human mind and shed lustre upon the scientific character of the nation. They will serve to show that we have passed the period of medical provincialism, and that we stand upon a lofty platform, to which we need not be ashamed to invite the representative men of the profession of foreign countries, however illustrious, or however far advanced in the arts of civilization.

"The different Sections, organized by the Commission, must speak for themselves. It is in them that the work of the Congress is mainly to be done, where the interchange of scientific ideas is to be effected, and from which the meeting is to derive its chief glory as an international body of scientific and enlightened men.

"It will be recollected that attempts have been made in different quarters and at different times to establish a uniformity of scientific nomenclature, weights, measures, and records of disease, for the medical profession in all parts of the civilized world. The plan, if carried out, cannot fail to advance, in an eminent degree, the interests of medical science; and I am happy to state that it is proposed to discuss the subject fully in one of the Sections.

"We are upon the threshold of a new century. One hundred years have passed away since the grand old bell upon Independence Hall announced to the world the birth of a new nation, and liberty not only to our own citizens but to all peoples of the earth. The century that has just elapsed was the most wonderful in all that pertains to human progress, to discovery, to invention, to improvement, to refinement and intellectual culture—in a word, to all that ennobles and exalts human nature in its various aspects and phases—that has been vouchsafed to man since God said, "Let there be light." The science of medicine has been completely revolutionized within our own day. The saying, 'Old things have passed away' behold all things are new,' has literally been fulfilled. The microscope, chemical analysis, clinical observation, and experiments upon the inferior animals, are leading on the medical mind with wondrous velocity in the pursuit of knowledge, and adding daily new facts to our stock of information, far beyond what the wildest fancy could have conceived of even a third of a century ago. Dogmatism, once so dominant in the schools, has ceased to exist, and no unacknowledged theories are any longer received by the scientist. Facts, resting upon the broad basis of observation and experiment, repeated and varied in a thousand ways, alone are relied upon as worthy of acceptance and as safe guides in practice. Hippocratic medicine is the order of the day. Everything bows before its divine behests.

"In every corner of the habitable globe penetrated by the light of civilization, busy, active minds, endowed with high culture, and actuated by the noblest resolves, are at work, exploring the mysteries of disease, and devising means or methods of treatment, for the relief of suffering, and the prolongation of life. The busy bee was never more industriously engaged in gathering honey from the flower of the field than the modern physician is gathering knowledge at the bedside of the sick, and garnering it for future use. Much of what is considered by many as established must be reviewed in the light of modern science; new avenues must be opened, and the ball, composed of myriads of threads more delicately formed than any ever spun by Penelope, must be pushed onward and upward by the united efforts of the medical profession in all parts of the world. How far the Centennial International Congress shall promote these desirable objects time alone can determine. It may safely be predicted that, if it do not fulfill all the promises of hope that have been formed of it, it will accomplish a great deal of useful work, and thus afford the world an earnest of its interest in the advancement of scientific medicine and in international unity. Science can have no higher mission than that of strengthening the bonds and securing the co-operation of its votaries in various parts of the globe, assembled to deliberate upon everything calculated to promote its holiest interests.

"Among the many objects of an International Congress, not the least is the interchange of kindly feelings on the part of its members, the formation of new friendships and the cementing

of old ties. It is well that men of different nationalities should occasionally come together, to look at one another, and to see how they stand in public estimation, as well as in their own; what the world thinks of them, and what they think of the world; what they have done to further the interests of scientific progress, to lighten the burdens of human suffering, and to extend the boundaries of human happiness. All these, and many other things which need not to be here specified, are objects well calculated to engage attention on such an occasion.

"It need hardly be added that the medical profession and the citizens of Philadelphia will do all they can to make your time pass pleasantly, as well as profitably, during your sojourn among us. Cards of invitation will be issued to you to inspect the various institutions of interest in and around the city; and, after the work of the Congress is over, the International Exposition will no doubt claim, as it assuredly deserves, the earnest attention of every member of this body. And now that the labor of the Centennial Medical Commission is completed, it only remains for the Congress, which I now declare open, to perfect its organization by the election of its own officers.

"It has often occurred to me that if these international reunions were more frequent and more largely attended, they would be a vast deal more serviceable in preventing war and international misunderstandings than any arbitrations that could be inaugurated for the settlement of international difficulties. Much of the pleasant feeling at present existing between the United States and Europe is due to the enlarged intercourse which has been going on, since the invention of steam navigation, between the peoples of those countries. I hope, therefore, that this may be only one of many such reunions on this side of the Atlantic."

The following is the complete list of the officers of sections:—

Medicine.—Chairman—Alfred Stillé, M. D., Philadelphia. Vice-Chairmen—R. P. Howard, M. D., Canada; J. J. Woodward, M. D., U. S. A. Secretary—J. Ewing Mears, M. D., Philadelphia.

Biology.—Chairman—John C. Dalton, M. D., New York. Vice-Chairmen—Austin Flint, Jr., M. D., New York; F. W. Campbell, M. D., Canada. Secretary—James Tyson, M. D., Philadelphia.

Surgery.—Chairman—Prof. Joseph Lister, Edinburgh. Vice-Chairmen—J. A. Grant, M. D., Canada; John Ashhurst, Jr., M. D., Philadelphia. Secretary—John H. Packard, M. D., Philadelphia.

Dermatology and Syphilography.—Chairman—James C. White, M. D., Boston. Vice-Chairmen—S. Engelsted, M. D., Copenhagen; Edward Shippen, M. D., U. S. N. Secretary—A. Van Harlingen, M. D., Philadelphia.

Obstetrics.—Chairman—Robert Barnes, M. D., London. Vice-Chairmen—Prof. Alexander R. Simpson, Edinburgh; W. H. Byford, M. D., Illinois. Secretary—William Goodell, M. D., Philadelphia.

Ophthalmology.—Chairman—R. Brudenell Carter, F. R. C. S., London. Vice-Chairmen—William Thomson, M. D., Philadelphia; Henry W. Williams, M. D., Boston. Secretary—John Green, M. D., St. Louis.

Otology.—Chairman—Clarence J. Blake, M. D., Boston. Vice-Chairman—A. H. Buck, M. D., New York. Secretary—H. N. Spencer, M. D., St. Louis.

Sanitary Science.—Chairman—Stephen Smith, M. D., New York. Vice-Chairman—J. S. Billings, M. D., U. S. A. Secretary—E. M. Hunt, M. D., New Jersey.

Mental Diseases.—Chairman—John P. Gray, M. D., New York. Vice-Chairmen—E. Grissom, M. D., North Carolina; I. Ray, M. D., Philadelphia. Secretary—Walter Kempster, M. D., Wisconsin.

Committee on Publication.—John Ashhurst, Jr., M. D., Philadelphia; R. J. Dunglison, M. D., Philadelphia; William Goodell, M. D., Philadelphia; James H. Hutchinson, M. D., Philadelphia; Caspar Wister, M. D., Philadelphia.

SECOND DAY, TUESDAY, September 5th.

The Congress met again, and was called to order by the President, Dr. Gross, at 10 o'clock, and reports from the Sections were called for. These reports were presented and referred to the Publication Committee, to be printed.

Dr. T. G. Richardson, of New Orleans, moved that the Congress be not held responsible for the reports of the Sections.

Dr. N. S. Davis, of Chicago, said that the subjects were committed to the Sections because there was no time to discuss them in open session, and he thought the Congress should merely accept and order them to be printed without committing the whole Congress to their adoption. He amended the motion, so that in the future the order in reference to reports of Sections be so modified that on submission they be accepted and recommended for publication, but not for adoption.

The vote adopting the report was then reconsidered, and they were referred again to the Sections:

A letter of congratulation was received from the Imperial Society at St. Petersburg. It is as follows:—

"The Imperial Medical Society of St. Petersburg hereby has the honor to send her best congratulations and sympathy to the International Scientific Congress of Medical Men in America, through her member and representative, Professor Rudnew."

A similar communication was received from the Medical School of Christiania, Norway.

The conclusions of the section on Dermatology and Syphilology, respecting the question of debate, are as follows:—

First—Certain obscure affections, the etiology of which is little if at all understood, even in those parts of Europe to which they are mostly confined, may be regarded as practically

non-existent among us. Of such are *prurigo*, *podagra*, and *lichen exudens rubra*.

Second—Certain diseases, directly connected with and dependent upon poverty and habits of personal uncleanliness, are less prevalent in the United States than in those parts of Europe of which we have sufficient statistical information for comparison. Examples of this class are the animal parasitic affections, especially.

Third—Some cutaneous affections of grave character, which are dependent upon or a part of serious constitutional disorders, are of less frequent occurrence and of milder type among us than in Europe in general, or those parts of it where they are endemic. *Lupus*, the *Syphilodermata*, and *Leprosy* are the most marked instances of this class.

Fourth—Certain diseases of the skin, especially those of its glandular systems, and those connected with its nervous system, are apparently more prevalent with us than in Europe. The most notable examples of the former are the *sebaceæ*, *acne*, and possibly the heat-rashes; of the latter, *herpes*, *urticaria*, and *pruritus*. In addition to the above-mentioned conclusions, the following additional proposition was adopted:—

Fifth—The type of certain acute, congestive and nervous diseases of the skin is more severe in this country than abroad.

Dr. Flint, New York, offered a preamble and the following resolutions, which were adopted:

Whereas, The institution of a public library containing all the important bibliographical and periodical publications relating to medicine and the collateral sciences, in the past and present time, is of importance, not alone to the medical profession, but to persons in other pursuits who may desire to refer to works treating of topics embraced in these departments of knowledge, and also concerns greatly the public welfare, in so far as this is involved in the elevation of the standard of medical education; and it appears, through the wisdom of national legislators of the United States Government, a medical library has been instituted, containing at the present time about 40,000 volumes, and about the same number of single pamphlets; and

Whereas, Experience has already taught the practical advantage of the present library, and, at the same time, the great need of its being made more complete by increasing at least two-fold the number of publications which it now contains; and

Whereas, In order to render such a library available for reference, especially to medical men and others residing at a distance, a catalogue, wherein publications are classified after the United States, to provide for additions to the number of volumes and periodical publications, until the library is made as complete as possible;

Resolved, first, That the members of this International Medical Congress regard with great interest the institution of a National Medical Library in the city of Washington, and respectfully petition the Congress of the United States to provide for additions to the number of volumes and periodical publications, until the library is made as complete as possible.

Second—That in view of the necesity of what is known as a *catalogue raisonne*, in order to render the library properly available for reference, this International Congress urge the importance of an early completion and publication of such a catalogue.

Third—That the specimen Fasciculus of the catalogue, which is stated to be nearly ready for the press, affords evidence of great labor and care, and the arrangements for convenience of reference, it is believed, will prove in all respects satisfactory.

Fourth—That those of the delegates to this International Medical Congress who are citizens of the United States, and other members of the medical profession in this country, are urged to exert their influence to secure the enlargement of the library and the speedy publication of the catalogue.

Henry I. Bowditch, M. D., President of the State Board of Health of Massachusetts, next read an address on Hygiene and Preventive Medicine. He said not a State in the Union has made a sanitary survey of the State, and they would probably think it an unnecessary expense, but in a few years it will be demanded. He gave an instance of a neighborhood which was rendered unbearable by the presence of a number of slaughter-houses, but the State Board of Health was given such authority, and swept them away, with the result that now that neighborhood is the most beautiful in Massachusetts. He much approved of public abattoirs. In regard to irrigation Salt Lake City is the most notable, they having thousands of miles of ditches, and in regard to bringing water into cities he has in his eye several large cities which, on account of defective systems, will bring upon themselves some disease. We shall never be free from contagious diseases until not only ourselves but all foreign nations shall have adopted a health code on the subject.

The dwelling-houses in which the poor in some of our cities are obliged to live are a disgrace. Their abodes are moral pests, and it is impossible for human people to grow up in them except in crime and disease. The only remedy for this is by public law and an authority making regulations for these people, or by philanthropic societies.

What is your method of disposing of sewerage? Reports from all the States in the Union show that in only one-fifth are there any sufficient means for the removal of these various sources of contamination. A great many have still the most primitive modes of disposing of them. They are thrown away carelessly. Many have surface drainage. In some they are thrown into open lots, and in some each inhabitant does as his own will dictates. Nothing can be more chaotic than the method at present pursued.

Our present duty is organization, National,

State and municipal. From the highest place in the National Council down to the smallest village Board of Health we need organization. This great and beneficent object, the prevention of disease, appeals to all. I appeal to the young men of the present hour. Can there be anything more inspiring to a generous-hearted, intelligent youth than the thought that by the research into the causes of disease, by the discovery of means for its prevention, and by the teaching of these various causes and means to the people, he may help to save a few of the 200,000 human beings now annually slaughtered by hereditary disease. Although public hygiene has made but few advances hitherto, it is founded upon natural law. Modern science greets and brings it within its domains as one of its most precious objects for thorough investigation.

An address on Medical Chemistry and Toxicology was then delivered by Theodore G. Wormley, M. D., Professor of Chemistry in Starling Medical College, Columbus, Ohio. He gave a very exhaustive account of the discoveries in chemistry during the past one hundred years, especially in the United States.

Both papers were referred to the Committee of Publication, and the Congress adjourned until Wednesday.

(To be Continued.)

Editorial Department.

Periscope.

Induration of the Penis.

The cases below are given in the *Transactions* of the Missouri State Medical Society, for 1876, by the President, Dr. J. T. Hodgen :—

Case 1.—Dr. Boothe, of Moselle, Missouri, visited me with Mr. B., aged 50 years, of rugged constitution and general good health. He had never suffered severe illness. During the winter of 1871–72, when the feet were damp and cold, and he had been exposed for several hours to chilling winds, he felt pain on the dorsum of the penis, near the glans, and found a contracted, hardened condition at that point, with a diminution of the entire organ.

After he had been seated by a warm fire for a time, and the sense of chilliness had ceased, the pain and hardness disappeared. These symptoms recurred a number of times under the circumstances above mentioned. Before the end of the winter the hardness was found to be persistent, though the degree and size of hardened surface varied. The hardness and size of the painful point were increased during exposure to cold, and together with pain diminished when warm and comfortable. The organ was inclined to turn upward at the free end, and the hardened part occupied a lower level than the parts about it.

I saw him in the spring of 1872, and found a heart-shaped, depressed, indurated portion, about the size of the thumb-nail. There was no tenderness to direct pressure. Pressure on the margin, or an attempt to bend the organ downward, caused a sense of painful tension. Mr. B. informed me that when the organ was erect the distortion was greater, and as the bending increased the depression increased, and the pain was aggravated by a sense of painful tension.

Case 2.—April 16th, 1876, Dr. Walton visited me with Mr.——, aged 55 years, a small man, of general good health, who found that during the damp and chill weather of winter the penis was painful and indurated. Both the pain and induration disappeared when the patient was at rest and warm, and especially if the feet were warm and dry. In this case the indurated part was on the right half of the body of the organ, near the median depression on the dorsum, and beginning near the glans penis, extending back about one and three-fourths inches, and was about one-third of an inch thick. The penis inclined upward, and to the right side. The deviation was increased during erection, and the pain also was aggravated. When patient is exposed to damp and cold weather the pain and hardness return, but quickly disappear.

These two cases present precisely the same condition, except as to site, form, and size of the contracted parts.

Both patients were directed to be warmly clothed, to guard themselves against exposure, to keep the feet dry and warm, and to take bromide of potash in camphor water. Both cases have been reported to me as having improved slowly for a time, and to have finally recovered.

Knee-joint Wounds.

Of these often serious injuries, Professor Volkmann says in his *Beiträge*, that since he adopted the antiseptic method he has not lost a single patient with an open wound of the joint, treated conservatively, provided he was able to treat him within the first few days after the injury, and before the onset of any dangerous symptoms. His faith in Lister's method, combined with that of drainage of the joint, is such that he says, " I would bind myself to carry a drainage-tube through a man's healthy knee-joint, and to let it stay there for several days, without injury to his health or to the future

function of the joint; and I say this from a sense of the most profound conviction."

The following typical case is given in the *British Medical Journal*, from the clinic of the Nottingham Hospital:—

Thomas B., aged 12, was admitted November 8th, with a wound of the left knee joint six inches long, extending across the front of the joint, below the patella, from one side to the other. The ligamentum patellæ was divided close up to the patella, carrying a portion of bone with it. The wound was caused by falling out of bed on a chamber-pot twelve hours before he arrived at the hospital. He had bled freely from his severed articular vessels. The finger was passed into the joint. The wound was at once syringed out with carbolic acid lotion (one in eighty), and the edges brought together with wire and horse-hair sutures, except at the outer and inner corners. The limb was placed on a McIntyre's splint, straightened out with pads, etc., adapted for free irrigation with iced carbolic acid lotion (one in eighty).

November 20th. The irrigation was continued up to this date, when the wound was found to be superficial and granulating. His temperature had not exceeded 99°, and his health had been good throughout.

December 15th. He had a rise in temperature from slight sore-throat. The joint, however, was doing well.

December 22d. The corners of the wound being still open, they were dressed with boracic lint and collodion.

December 27th. The leg was dressed to-day, when the two corners were found to be healed, with the exception of a very minute portion.

Colchicine and Veratrine.

A number of experiments with these alkaloids are recorded by Dr. Arthur Leared in the *Medical Examiner*, March, 1876:—

The experiments prove that colchicine is an active poison, and go to show that half a grain inserted subcutaneously is the fatal dose for a rabbit. As the same dose proved fatal to a cat, after somewhat of the same interval, the difference in its effects upon herbivorous and carnivorous animals is not marked. But, contrary to what has been supposed, colchicine is a much less potent poison than veratrine, as the comparison between their respective action upon cats and guinea-pigs proves.

The experiments also prove that a remarkable difference exists between the action of colchicine and veratrine. The animals poisoned by colchicine had no spasms, while death in those killed by veratrine was preceded by convulsions. Veratrine acts upon the medulla oblongata and spinal cord; the main action of colchicine is upon the ganglionic nervous system, and probably upon its intimate connections, the pneumogastric nerves. The contractions of the heart, at first increased or lessened by turns, became in every case diminished in number, until in the fatal cases the organ ceased to act. This was accompanied by contraction of the arteries (my own case), and the left ventricle of the heart in the animals killed was also invariably found to be firmly contracted. Failure of circulation was also indicated by the congested state of the lungs and right side of the heart. Nausea, vomiting, and relaxation of the sphincters point to action on the sympathetic. In three instances in which life was prolonged for several hours after injection, a remarkable lowering of temperature preceded death; to such a degree, indeed, that the graduation of an ordinary clinical thermometer was insufficient to indicate the loss of heat.

It is noticeable that in the cats, the one killed by colchicine and the other by veratrine, the blood in the heart was found to be liquid, while that found in the same situation in the herbivorous animals was firmly coagulated.

The conclusion arrived at is, that colchicine, by its action on the sympathetic nervous system, destroys life by depressing the action of the heart until fatal syncope ensues.

Professor Volkmann on Cancer.

Professor Volkmann, of Halle, in a recent work (*Beiträge zur Chirurgie*), speaking of cancer of the lip, calls attention to the success which he has met with in a number of cases operated on *before any infection of the lymphatic glands had taken place.* Of 19 cases, 14 had remained, up to December, 1874, completely free from any relapse for the following periods: 5¼ years, 23 months, 21, 20, 19, 19, 18, 17, 15, 15, 14, 13, 12½, and 12 months. He insists, with Billroth, that "the prognosis of cancer of the lip is a relatively good one as long as the lymphatic glands remain unaffected; and it is therefore the imperative duty of every medical man to take the earliest opportunity of himself undertaking or else of advising complete extirpation of the growth in every case he meets with."

In the chapter on diseases of the breast, Professor Volkmann enters at considerable length into the questions of the etiology and method of extension of carcinoma mammæ. The whole of his remarks are worth reading carefully. We would only here refer to his views with regard to the value of excision of the mamma in these cases. He believes that its success is directly proportional to the time at which it is undertaken—that is to say, the earlier you operate the greater chance of the patient's permanent recovery. "I can only state," he says, "for myself, that I have operated on no inconsiderable number of women who have remained without relapse for from five to fifteen years. Some of these cases were apparently very unfavorable ones, in which a quickly fatal issue seemed inevitable. Professor Volkmann believes most strongly that the number of cures will steadily increase if ordinary practitioners will only send their cases to the surgeon, or else operate themselves, in the earliest stage of the disease after the diagnosis has been definitely made, instead of losing valuable time in trying a number of

absolutely useless remedies. At present it is too much the fashion to recommend the operation as a *dernier ressort*, much in the same way as "prescriptions are habitually written for incurable or dying patients." With regard to the mere lengthening of life by the operation, Professor Volkmann is distinctly of opinion that it has such an effect. He lays great stress on the way the operation is to be performed, especially on minute attention to the removal of every portion of suspected tissue, as well as on the complete clearance of the fat and lymphatic glands from the axilla in case those glands are simultaneously involved; and here again the antiseptic treatment stands him in good stead.

The Pathology of Fever.

Dr. H. F. A. Goodridge, concludes an article in the *British Medical Journal*, on this subject, in the following words:—

To sum up, then: we have seen that the characteristic elevation of temperature of the body in fever is mainly due to increased production of heat; that, besides the increased production of heat, there is a disorder of nutrition, an abnormal disintegration of the tissues of the body, and particularly of the *muscular* tissue, evinced on the one hand by increased excretion of urea and of potash salts, of carbonic acid, and perhaps also of water, and on the other by progressive loss of body-weight; that the increased production of heat, occurring at a time when a principal source of normal heat-production—viz, the food ingested—is all but completely cut off, must have its chief origin in the abnormal disintegration of tissue; but that the converse may also hold good to a greater or less extent, there being thus action and reaction; that, however probable may be the hypothesis of the intervention of the nervous system, the connecting link between the entrance into the organism of the fever-excitant, the pyrogenic matter (be this *contagium vivum* or what it may), and the onset of the characteristic phenomena, has not yet been demonstrated; in other words, the proximate cause of fever remains undetermined.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The July number of the "Micro-Photographs in Histology," edited by Drs. Carl Seiler, J. Gibbons Hunt and J. G. Richardson, contains three plates, one of hepatic cells from the liver of a fly, the second a specimen of leukæmia of the liver, and the third of blood corpuscles, showing the difference in size of the blood disks of man and the ox. The editor requests gentlemen who have specimens which they think can be used with advantage to correspond with Dr. C. Seiler, care of the publishers (Porter & Coates, 822 Chestnut street, Philadelphia. 60 cents per number).

——The seventh number of the second volume of the "American Clinical Lectures" is on Tracheotomy and Laryngotomy, by Prof. H. B. Sands, M. D., of the College of Physicians and Surgeons, New York. It is an excellent summary of the subject (Price 30 cents. G. P. Putnam's Sons, 182 Fifth avenue, New York City).

——The fourth part of Dr. Tilbury Fox's "Atlas of Skin Diseases" has four plates, representing lichen ruber, lichen scrofulosum, eczema simplex, solare and rubrum. There is also the usual descriptive text and notes upon treatment (Price $2.00. Lindsay & Blakiston, Philadelphia). The fifth part, which has also appeared, includes eczema impetiginodes and infantilis, impetigo figurata and scabida.

——A plea for the Code of Ethics has appeared from the pen of Dr. Charles H. Todd, of Owensboro, Ky., in a report on the subject to the State Medical Association of Kentucky. The argument is sound and strong (pp. 6, from the author). The same writer urges, in a pamphlet before us, upon teachers and principals, the important subject of ventilation, and explains its "philosophy and necessity."

BOOK NOTICES.

Studies, Chiefly Clinical, in the Non-Emetic Use of Ipecacuanha: with a Contribution to the Thereapeusis of Cholera. By Alfred A. Woodhull, M. D., U. S. A. Philadelphia, J. B. Lippincott & Co. 1876. Cloth, 8vo, pp. 155.

The thesis which the author sets forth to maintain is that ipecacuanha is a "direct nervous stimulant, acting chiefly if not entirely upon the sympathetic nervous system." To say that this thesis is vindicated would be doing the author more than justice. His arguments are often doubly strained; first, in order to show that some given pathological phenomenon is dependent on disturbance of the sympathetic; and next, to prove that ipecacuanha can remove

this phenomenon. Very uncertain clinical reports are given, as, for instance, those of the dogs (p. 73), to the last degree problematical; and then the almost total darkness we are in as to the real functions of the sympathetic is of itself a most damaging reflection on his or any theory regarding its pathology.

A number of clinical facts he has gathered together render, however, his monograph valuable. The value of the drug in dysentery is fully set forth. Hardly sufficient credit is given for its general use. Our readers will remember that Surgeon Major Gore, in his "History of the West African Campaign," reviewed in these columns a few weeks ago, states that in that dysenteric climate it was the regular treatment, and a very successful one. Dr. Woodhull proposes its employment in a number of other complaints, as cholera morbus, infantum and Asiatica, dyspepsia, asthma, neuralgia, poisoning from snakes, opium and alcohol, in intermittents, pneumonia and hepatitis, and a number of other maladies. His arguments, however, are too frequently but slimly supported by clinical experience. The second part of his volume is largely taken up with discussions of the therapeutic operations of the drug, and what he terms "A Speculation upon Cholera."

The Theory and Practice of Medicine. By Frederick T. Roberts, M. D., M. R. C. P., etc. Second American from the last London edition, revised and enlarged. Philadelphia, Lindsay and Blakiston, 1876. 1 vol., cloth, 8vo, pp. 920. Price $5.

The first edition of Dr. Roberts' *Practice* sold promptly, both in London and this country, and the call for the second in both lands proves that he has written a book of sterling merit. He is teacher of Clinical Medicine at University College Hospital, London, and also assistant physician in Brompton Hospital for chest diseases. These positions assure him that constant familiarity with disease indispensable to a first-class clinical writer.

The present edition has been carefully revised, and is notably enlarged. A separate chapter on the diagnosis of acute specific diseases has been added. Some material changes have been made in the arrangement, the diseases of the skin nearly all rewritten, and various less common affections treated either more fully or introduced for the first time. Various additions to clinical knowledge, of seeming importance, are also discussed.

On Tracheotomy, Especially in Relation to Diseases of the Larynx and Trachea. By W. Pugin Thornton. Philadelphia, Lindsay & Blakiston. pp. 70. Price, $1.75.

The author of this monograph is Surgeon to the Hospital for Diseases of the Throat, and gives in brief, direct style a series of careful directions for the performance of tracheotomy. He describes the anatomy of the parts, the instruments and apparatus required, the steps of the operation, the dangers during and after it, and the diseases and injuries which call for its performance. The text is illustrated by eighteen wood-cuts and three photographs. A number of cases exemplifying treatment are added. The work is practical, clearly written, and is an excellent specimen of what a surgical monograph should be.

Statistics, Medical and Anthropological, of the Provost Marshal General's Bureau, derived from the Records of the Examination for Military Service, in the Armies of the United States during the late War of the Rebellion, of over a Million Recruits, Drafted Men, Substitutes, and Enrolled Men. Compiled by J. H. Baxter, A. M., M. D., late Chief Medical Officer of the Provost Marshal General's Bureau. Two vols., 4to, pp. 568, 767.

The Medical and Surgical History of the War of the Rebellion. Part II, vol. II. Surgical History. Prepared by George A. Otis, M. D., U. S. A. 4to, pp. 1024.

The two admirable works issued from the Government printing office, the titles of which we give above, present the results of such an experience in their respective domains as the world has not heretofore seen. This enormous mass of material has been analyzed, tabulated and generalized by experts, and is here given to the scientific public with all the accessories of charts, maps, lithographs and engravings which art can suggest. It would be impossible to do justice to such rich accumulations in the scope of a notice, and we shall endeavor to bring forth some of the new views elicited in the editorial columns of this journal at some future time.

THE

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D. G. BRINTON, M. D., EDITOR.

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FAMILY MARRIAGE.

Inasmuch as various States in the Union have, in the plenitude of their legislative wisdom, seen fit to pass acts prohibiting the marriage of near of kin, the question as to the effect of such marriages on the physical and mental capacities of the offspring is one of much more than theoretical interest.

This journal has always taken the position that these unions are, in themselves, wholly unobjectionable; that if the couple both enjoy good health, their children will have an equal probability with any others of receiving in turn the same blessing, and that only when there is a hereditary taint in the family is there danger to the offspring by the additional strength this taint may assume by being inherited from both parents; but that even in this instance, the danger is not greater than when two persons marry nowise akin, but each suffering from the same inherited morbific tendency.

These opinions, based on the numerous facts which have been advanced by both sides, are now generally adopted by the cooler heads in the discussion. Thus the eminent naturalist, M. QUATREFAGES, endeavors to reconcile the opposing opinions by a theory which virtually places consanguinity outside the category of morbific causes. "The consequence we are to draw from all these facts," he says, "would appear to be that near relationship between father and mother is not in itself hurtful, but that, in virtue of the laws governing heredity, it oftentimes becomes so; and hence, in view of the eventualities to which consanguinity leads, it is at least prudent to avoid consanguineous marriage."

Mr. ALFRED H. HUTH has recently written a book, "On the Marriage of Near Kin" (London, 1875), in which he attacks with great and even indiscreet vigor such legislation as we have alluded to.

The general conclusion at which Mr. HUTH arrives is, that "not one of the many reasons which have been advanced why marriage between near kin should be prohibited by the State can stand inquiry." There is no "natural horror of incest" either among the lower animals or mankind; it has been habitually practiced without any conscious experience of bad results; the statistics on the subject are unreliable; the benefits of crossing are non-proven; the duality of sex is otherwise accounted for; and, finally, the evil results ascribed to in-and-in breeding may be, and most probably are, due to other causes.

"Marriage," he thinks, "should therefore be only prohibited in those degrees which by general consent are considered incestuous; that is, in the direct ascending and descending line, between brother and sister, and uncle and niece; or those degrees which as a rule imply an unsuitable difference of age between the parties."

In fact, Mr. HUTH appears to be such a thorough-going advocate of in-and-in breeding that it is with reluctance he goes thus far. The only reason he can see for prohibiting the mar-

riage of a brother and sister is, that "if brothers and sisters were allowed to marry, they would do so while yet too young."

With these extreme views none but a partisan is called upon to coincide. But certainly this is not a question which should be decided by legislatures. Any enactment on the subject is a violation of the liberty of the subject, and as absurd as the English law which forbids marriage with a deceased wife's sister.

There are considerations of a social and moral nature which should and always will check incest; and as families acquire a better knowledge of their own constitutions and the physical laws which govern them, good sense will prevent unions which tend to hasten decay. These are the deterrents, and they are enough, to hinder any real danger from cohabitation of near of kin.

Notes and Comments.

The Prussian Ambulance System.

An English surgeon describes this system, briefly, as follows:—A battalion takes the field with a medicine cart and a few stretchers, and a proportion of surgeons and auxiliary bearers—two of the former and four men per company of the latter. The battalion carries with it no regimental hospital equipment, nor any material for opening a detachment hospital. In minor actions, first assistance is given by the battalion surgeons and auxiliary bearers. Both advance with the soldiers under fire, and tender what aid they can to those who fall. The medicine carts and stretchers are advanced as far as possible, and "bandaging places" formed just beyond rifle range. The auxiliary bearers then carry back the severely wounded, who are unable to walk, on their stretchers to the bandaging places. Injuries are then examined, dressings applied, and the necessary surgical operations performed, after which the patients are removed to a sheltered quarter. If the engagement becomes general, the sanitary detachments and field hospitals, which follow the advancing army as closely as possible, are then thrown forward, the former to relieve the auxiliary bearers, and the latter to provide temporary ward accommodations. There are three sanitary detachments to each army corps, and to each detachment there are attached, besides other officials, seven surgeons and 124 sick-bearers.

Pregnancy with Imperforate Hymen.

The only case of pregnancy with imperforate hymen we remember to have seen recorded is given in the *Lancet*, August 12th. An unmarried girl was found in labor with a hymen not only unruptured, but imperforate. The girl, after repeatedly disowning any knowledge of her condition, confessed to having had sexual intercourse. Connection, she said, was very painful and difficult. Her catamenia had been regular all her life up to this pregnancy, and she volunteered the statement that her sufferings at those times were quite as great for three days as her pains in labor.

Dr. E. J. Burgess, of St. Bartholomew's Hospital, who reports the case, suggests that the small opening which she must have had at the time of sexual intercourse had had time to close by healing, and it is not, perhaps, too much to presume that the pain at her menstrual periods, which, by-the-by, was worse on the day preceding the discharge, was due in great part to the fact of the imperforate character of the hymen, which had closed over since the previous catamenia four weeks before.

To Cleanse the Os Uteri.

Every gynecologist, says Prof. Pajot, knows how difficult it often is to cleanse the uterine orifice of the viscid mucus which is characteristic of certain forms of catarrh. After trying a variety of chemicals, in order to discover a satisfactory detergent, the simplest substance suggested itself the last, and was found all that can be desired. This is the yolk of egg. Dip a piece of charpie or cotton in the yolk of a fresh egg, apply it to the orifice, throw some water into the speculum, continuing to mix the yolk and the mucus, then let the water escape, dry the os, and it will be found perfectly clean.

Kryolite and Keiserite.

A correspondent writes us that in looking over an April number of the Medical and Surgical Reporter he had his attention attracted by an article with the caption of kryolite, in which the statement is made that

Epsom salt is largely manufactured in Philadelphia from this mineral. This statement he obligingly corrects, as follows:—

Epsom salt, as is well known, is a sulphate of magnesium, and for many years was made in Philadelphia by the only manufacturer in the United States, and whose supply of crude material was obtained from a mine in Maryland, from a mineral containing about twenty per cent. of magnesia. Within a few years one or two other houses have commenced the manufacture of Epsom salt, and a mineral frequently called *keiserite*, containing about sixty per cent. of magnesia, obtained from Germany, has been principally used. *Kryolite* is a mineral containing no magnesia, or, if any, merely a trace, but is rich in salts of sodium (being a double fluoride of aluminium and sodium), and is used in the manufacture of bicarb. sodium and alum. The former is undoubtedly the product the writer of the article on kryolite had in mind.

Physiological Effects of Galvanism.

In the journal of *Anatomy and Physiology* Mr. G. J. Romanes offers "Some Observations on the Galvanic Excitation of Nerve and Muscle, with especial reference to the modification of the excitability of motor nerves produced by injury." This paper is of considerable interest. Mr. Romanes was led to the inquiry by observing that injury of a motor nerve is followed by a very marked and very peculiar alteration in its behavior toward voltaic stimuli; the nerve becomes extremely sensitive to the excitation supplied by the descending break. On following out this subject, he shows, as the result of numerous experiments, that while both muscle and central nervous matter are able, though in opposite ways, to distinguish between anodic and cathodic closure, peripheral nervous matter is quite unable to do so.

The Relief of Prickly Heat.

Many persons are very subject to this annoying affection. They will be glad to learn that Surgeon-Major Dr. J. G. French, of the Indian medical service, in a contribution to the *Indian Medical Gazette*, says that we can cure prickly heat in three or four days by the application of a solution of sulphate of copper. This should be of the strength of about ten grains to the ounce of water, and the solution should be applied daily, or oftener, by means of a camel-hair brush, or bit of sponge tied on the end of a stick. It is best applied after the morning bath, when the skin has been well rubbed with the towel, and it must be allowed to dry on the skin before dressing. Dr. French states that he has used this application for over thirteen years, and, when regularly and properly applied, he has never known it to fail.

Salicin and Salicylic Acid in Rheumatism.

A report of the Leeds Infirmary, in the *Lancet*, gives nine cases treated with one or other of these drugs. They seem to show a great superiority in salicylic acid over the alkaloid in the treatment of rheumatism. In none of the cases treated with salicin did the drug affect the pain or the temperature as in those treated by the acid, while the fact that pericarditis ensued in one case, while the patient was taking salicin, would indicate its inability to arrest the disease. On the other hand, in the cases treated by salicylic acid the influence of the drug was most marked, the pain being considerably or entirely removed within twenty-four hours, while, except slight sickness in one case, no unpleasant symptoms followed its use.

Singularly Slow Pulse.

The *Gazette des Hôpitaux* states that at the Lariboisiere hospital a patient, a *chiffonnier*, seventy-seven years of age, came in to be treated for hydrocele, in all other respects seeming well, and jovial in his manner. It was almost by accident discovered that he had a pulse only of 21. It is regular, the two sounds of the heart and the short interval of silence that separates them occupying scarcely half a second. But the "grand silence" is extraordinarily prolonged, so as to continue nearly two seconds and a half. During this, absolutely nothing is heard in the heart—not the slightest souffle. But with the first sound a very distinct souffle is heard, which, continuing during the "petit silence," terminates suddenly with the valvular clap which constitutes the second sound. The heart seems large, its apex beating more externally and lower down than in the normal state. There is some emphysema of the lungs. The pulse was counted carefully four days in succession, and the intervals were found to be perfectly equal, and the same on both sides.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XIV.

THE SHOW OF FOREIGN SPLINTS.

Centennial Exhibition, Sept. 9th, 1876.

Ed. Med. and Surg. Reporter:—

Of the any uantity of materials which have been tried for splints, it is probable that plaster-of-paris has, at this time, most advocates. As a St. Louis surgeon remarks, whose article I was lately reading, "this material is adaptable to every emergency demanding such restraint."

But the most recommendable method of using gypsum seems still open to question. It requires a body or filling in order to give it firmness and lightness, and what shall this be? I was well pleased with the "gypsum and hemp combination splint" exhibited among the surgical matters in the German section. They are used in the Surgical Hospital of the Royal University of Königsberg, of which Dr. Schænborn is director. The hemp is spread over the limb in a layer of half an inch in thickness, and is retained there while the gypsum is applied upon it. In a few minutes the plaster hardens, and a second coat can be laid on if required. This is much simpler than the elaborate bandaging system which used to be employed, and has less danger of interfering with the circulation of the part.

In the Austrian department there is a very similar set of splints to be seen, such as are used in the surgical department of the Vienna General Hospital. They are of cotton and gypsum, and have the advantage of "movable flaps," the splint being prepared in sections, so that one piece at a time may be removed for dressing, inspection of the surface, etc. This saves the old and awkward plan of cutting holes in the splint.

Still another variety of plaster splints may be found in the department of the Netherlands, in the Main building. These are the "plaster bandages" of Dr. A. Mathysen, and may be briefly described as follows: Three pieces of flannel are cut and fitted to the member; the one destined to lie between the other two is coated with gypsum on both sides; the other two only on one side, that which is to come in contact with the inner, double-coated piece. By this arrangement the splint is rendered cleanly, firm, light, and agreeable to the skin; there is no compression from bandages, and they are easily fitted and readjusted. They have been in use in the Netherlands for a number of years, and they must have been satisfactory, as their inventor has been awarded a red cross decoration for them, and La Société Nederlandaise for the relief of the wounded in war gives them its recommendation.

I have in a previous letter referred to the straw splints and bandages shown among the articles in military surgery in the German exhibit; but I have yet to mention the sheet metal splints of Dr. Guillerz, of Brussels. These are to be seen in the Belgian department of the Main building. They are of sheet lead, or a composition resembling it, and are pierced with a multitude of circular holes, to allow of transpiration, something like a "porous plaster." The inventor claims for them that they were used with great advantage on the battle-fields of the Franco-German war. A sheet of the metal can be carried without occupying much space, and can be moulded by the hands of the surgeon on the field to a wounded member, thus providing for safe transportation.

The principal English exhibitors in this line of surgical appliances are Lang, Jonas Jules, and F. C. Rein & Son, of London, and the Glasgow Apothecaries' Company; but I did not notice among their displays any special novelty in the line of splints. A.

The Natural Law of Marriage, etc.

Ed. Med. and Surg. Reporter:—

As your remarks upon my work on the "Natural Laws of Marriage," etc., may inadvertently cause misapprehension of its character, and retard the cause of progress which both desire to promote, please allow me to explain that while the general design thereof is "to coördinate human with natural law, and reorganize society on a natural basis," it is not intended to interfere with, much less abolish, the present ritual forms and ceremonies of marriage, but to point out the fact that sexual conjugation is marriage *de facto* and *de jure;* and, as it is thus the basic, normal, and legitimate marriage *per se*, it should have the same legal acknowledgment, and its obligations be as rigorously enforced, as every form of ritual marriage, it being inherently positive, sacred, and binding by the law of nature, and should be so by that of man. At page 104, I explicitly state, "This legal recognition and enforcement of the obligations of natural marriage will act as a supplement to, and not as a substitute for, the ordinary ritual or ceremonial marriage. Hence, the legalization of natural (marriage) will not necessarily interfere with the usual preliminary espousals and customary wedding rites, which will always be adhered to as a matter of course, both from pride and principle, by the mass of mankind. But it will apply only to that large class of human beings who, from various causes, singly or combined, as poverty, ignorance, weakness or wickedness, give way to their affections, appetites and passions, and resort directly to the natural wedlock, without regard to the ordinary conventionalities and extraneous usages of life."

Much matter in support of the views presented was omitted from the necessity of limiting the size of the book. At a future time I

hope to discuss more fully these subjects, of so much practical importance to the race.

GEO. J. ZIEGLER, M. D.

128 *S. Fifteenth street, Philadelphia.*

NEWS AND MISCELLANY.

The Quarter Centennial of the American Association for the Advancement of Science.

This Association met at Buffalo, New York, August 23–6. It was well attended, and many papers of interest were presented. Zoology and geology were the sciences which received the greatest share of attention There were not so many articles of medical interest presented as on some previous occasions. We may mention:—

"Determination of Subjective Temperature," by J. W. Osborne.

"The Accurate Graduation of Thermometers by Comparison," by J. W. Osborne.

"Phenomena Produced by the Union of Two Sounds," by Dr. R. Koenig.

"On the Analysis of Milk," by E. H. V. Baumhauer.

"On the Practicability of Cooling the Air of Buildings during Hot Weather," by Simon Newcomb.

"On the Provisional Hypothesis of Pangenesis," by W. K. Brooks.

The latter paper was one of the most important of the session. It was a supplement to Darwin's doctrine of pangenesis, and the author showed that the male supplied the elements of progression; the female those of conservation. New characters were thus impressed by the males of a species. Copious illustrations of the truth of this theory were supplied from the animal and vegetable kingdoms, and its application to our comprehension of the workings of evolution was carefully and laboriously discussed. At the conclusion of the paper the Vice-President congratulated the author heartily upon his essay, and expressed the opinion that it was a valuable contribution to our knowledge.

The following officers were chosen:—

President—Prof. Simon Newcomb, of Washington.

Vice-President of Section A—Prof. Pickering, of Boston.

Vice-President of Section B—Prof. O. C. Marsh, of New Haven.

General Secretary—Prof. A. R. Grote, of Buffalo.

Secretary of Section A—Prof. H. C. Bolton.

Secretary of Section B—Prof. W. H. Dall.

Nashville, Tennessee, has been selected as the place for meeting in 1877.

—The Cincinnati *Gazette* states that Dr. Thomas F. Moses, of Urbana, Ohio, is making investigations into the mounds of that locality. A number of skeletons have been disinterred.

A Handsome Exhibit.

The following notice of the exhibit of a worthy firm is taken from the Boston *Globe*:—

"An elegant stand displays the name of Billings, Clapp & Co., Boston, upon a groundwork of black velvet, in letters eight inches in length, each letter consisting of beautiful crystals of bromide of potassium. In front may be seen several large glass cases, one octagon in shape, containing large crystals of nitrate ammonia, weighing over 150 pounds each. Upon shelves are arranged more than sixty specimens of the products of their laboratory, in glass jars, some of which have the capacity of a barrel, the largest ever made in this country. The only specimens of propylamin and its compounds in the Exhibition are found upon this stand, and some idea of the rarity and costliness of this article may be obtained from the statement that the contents of three bottles are valued at more than $2000. They have also a jar of the capacity of twenty-five pounds, filled with carbolic acid, of perfect whiteness, and the largest specimen to be seen in the Exhibition. We notice particularly a jar of citrate of bismuth; also, fine specimens of citrate of iron and bismuth in scales, sulphite of sodium in crystals, the various preparations of gold and silver used in photography, salts of bismuth, iron, lead, mercury, etc., etc."

Female Doctors in Europe.

A correspondent of the *Bund*, of Berne, has lately summed up in successive letters from Zurich the present results of the much-contested "Damenstudium." It is now exactly ten years since the first female student clamored at the gates, or rather since the medical faculty opened the gates to her; for she had been attacking them by a diligent prosecution of the medical course. She was a young Russian lady. The University of Zurich, on the 14th of December, 1867, conferred upon her the dignity and rights of a doctor of medicine. Doctor or Doctress Erismann has since practiced medicine with great success—first alone, and later as the wife and partner of a medical man. Thirteen young ladies have followed her example, all of them standing the test of the severe examination with credit, and some with brilliancy. Each of these ladies has received from the Medical Faculty of the University the degree of Doctor of Medicine, Surgery and Midwifery. Six of these graduates were Russians, two were English women (Miss Morgan in 1870 and Miss Atkins in 1872), one was a Scotch woman, one an American, one a Swiss, and the remaining two were Germans. The American, a young lady from Boston, passed with great applause, and her public disputation before receiving her degree on the 22d of June, 1871, created much admiration. After a short but very promising practice, she lost her life by shipwreck in the Atlantic. In 1872, when Zurich had braved the worst of the storm

of ridicule and anger, the University of Gottingen found courage to stand at her side, and the first female academical student in the Netherlands passed a successful examination in physics and mathematics. The two latest, a Russian from Jaroslaw, and Fraulein Franziska Tiburtius, from the island of Rugen, in the Baltic, have just maintained their theses and been admitted to the dignity and rights of the doctor's degree. The thirteen ladies who have received medical degrees have exhibited an undoubted vocation for the profession. The extraordinary pressure of female students with which Zurich was threatened at the beginning of the movement has now subsided, and is not likely to recur.

The St. Petersburg Lying-in Asylum.

In a recent inaugural dissertation, Dr. Stoltz gives an account of the working of the ten Lying-in Asylums that have been recently established at St. Petersburg. Established on account of the danger that exists in the agglomeration of puerperal women, these asylums have only three or four beds in each; and although many of these are placed in very insalubrious districts, a six years' experience has proved their great utility. Of the 7907 women who have been delivered in them, only eighty, or 1.1 per cent., have died, while at the three hospitals the mortality has been 3.6 per cent.; so that the lives of 200 women have been saved which would have been lost in the old establishments. Besides their great convenience in being distributed over the city, the cost of these asylums is much less than that of the hospitals, the expense of each patient being in the latter from nineteen to twenty-three roubles, while in the asylums it is only twelve roubles.

Singular Longevity.

A remarkable case of longevity is reported in Virchow's *Archiv*, by Dr. Ornstein, of Athens. The man, George Stravarides, died in Smyrna, at the age of 132 years. Although he had always lived an irregular life, and had consumed an average of more than a hundred drachms of brandy daily, he retained full possession of all his five senses, as also a complete set of teeth, up to the moment of his death. He also continued to the last to attend to the duties of his avocation—a baker. This man was born in 1743, in the reign of Mahmud I, and lived during the reign of nine sultans.

The Eucalyptus Globulus.

The Italian Government, persuaded, by the success of the Trappist brotherhood of San Paolo fuori le mura di Roma, that the eucalyptus globulus has a beneficial influence in malarious districts, has presented to the landholders of Italy large supplies of slips of the tree for the purpose of forming plantations where its virtues seem required. The Government also intends to grow eucalyptus along the boulevards of the large cities, and even along the various lines of railway throughout the kingdom. Landholders, themselves, are following the initiative of the Government, and in a few years Italy expects to drive malaria effectually from her borders.

A Wise Legacy.

M. Vulfranc Gerdy, who was for a long time Inspector of Uriage, has left a sum of money to the Academy of Medicine of Paris, to found a kind of school in which young medical men, with suitable salaries, shall for four consecutive years repair to such watering places as shall be pointed out to them, study and collect cases, and report upon them to the Academy. Satisfactory reports will be specially rewarded.

Items.

—A little girl, child of parents living in a healthy locality on one of the ridges near Pensacola, had an attack of yellow fever which much puzzled the physicians, as there was then no yellow fever in the city, nor had she or her playmates been in contact with any one from there. After her recovery, she described a game of "hide and seek," where she had hid under an old sail, so cunningly that she could not be found. The sail had been imported from New Orleans, during an epidemic of a previous season.

—This queer death notice is from the Waco (Texas) *Examiner*: "D ed—At the residence of Major W. W. Downs, on Third street, Monday, August 7, at 10.30 o'clock P. M., Captain O. J. Downs, of voluntary abstinence from strong drink."

QUERIES AND REPLIES.

Eating Charcoal.

Will some of the readers of the REPORTER inform me whether the habit of eating charcoal (practiced by many ladies) is deleterious to general health?

Mississippi. J. W. MORTON, M. D.

Reply to Dr. J. N. M. (*p.* 180).—For persistent vomiting in pregnancy, give a teaspoonful of warm milk, as soon as possible after drawing, night and morning. R. L. M.

Minnesota.

Another Reply.—Give a teaspoonful, every three hours, of the following:

Recipe.	Pot. bromide,	three drachms	
	Tr. columb.,	two drachms	
	Aquæ,	two ounces.	M.

I have used this successfully for five years. A. J.

Earlham, Iowa.

Dr. H. C. E., New York.—I have recently had a case of partial paralysis of right side, in a woman aged about fifty. Hair had been slightly gray previous to attack, but became entirely so on side paralyzed. Is this a usual occurrence?

Patient stated that she had been in the habit of using cold tea on hair; could this have any influence?

THE

MEDICAL AND SURGICAL REPORTER.

No. 1021.] PHILADELPHIA, SEPT. 23, 1876. [Vol. XXXV.—No. 13.

Original Department.

Communications.

ON THE USE OF COMPRESSED AND RAREFIED AIR.

BY A. BLUMBERG, M. D.,

Of Pittsburg, Pa.

(Read before the Allegheny Co. Medical Society.)

Gentlemen:—I take the liberty this evening to draw your attention to a subject which has, for the last two years, occupied the attention of the most prominent physicians of Europe, but which has apparently received but little if any attention in this country, up to the present time. Dr. Waldenburg, Professor in the Medical College of Berlin, perfected an apparatus for the cure of chronic lung and heart diseases, by inhalation of compressed and rarefied air, which he called a "pneumatic apparatus." I presume you have all read an account of the diseases for which this machine is particularly applicable, and of the principles on which it is founded, and so I will give no description of it, but shall proceed to give a brief account of two cures performed through its agency by me in the last two months, that being the length of time since I received this apparatus from Berlin.

R. G., laborer, aged 42 years, came to my office about a year and a half ago, to be examined for a life insurance company, for which I am examining physician. Upon examination, I found that he had chronic bronchitis, with a partial emphysema of both lungs. Percussion showed the usual abnormal sound of emphysema on both sides. The dullness of the liver began in the ninth rib, the diaphragm was lower than usual, the dullness of the heart was not fully marked, and the heart was nearly covered by the extended lungs. By auscultation, I found chronic catarrh in the bronchia, as is usual in such cases of emphysema (rhoncus sonorous, etc.), his lung capacity at that time being twenty-four hundred and forty-two centimetres. Some two or three weeks after this he called at my office for medical advice, admitting that he had had a cough for the last ten years, and was also troubled with shortness of breath, particularly on walking fast, and in ascending stairs. He could give me no information concerning the origin of his sickness. He merely said that, as far back as he could remember, he was always unable to run fast, on account of shortness of breath. I ordered him the usual expectorants, in different forms, but without any relief. After getting this Waldenburg apparatus, I thought I would give him a trial of it, and after two months' daily use of the rarefied air, through this apparatus, I found, by examination, the murmur and sound of his lungs clear and distinct. His liver and diaphragm returned to their proper position; his cough has entirely left him, and he is now able to work all day, without being troubled by shortness of breath. During the last weeks of his treatment he was able to ascend the long flight of steps leading from Second street to Pittsburg, without stopping to take breath. His improvement became perceptible after two weeks of this treatment. The capacity of his lungs had increased at the end of his treatment

to forty hundred and eleven cubic centimetres. To-day he called at the office in passing by, and upon my asking him how he felt, he replied, first-rate. The capacity of his lungs is still the same, forty hundred and eleven cubic centimetres.

Miss C. M., age 23, was, up to three years ago, in good health. In February, 1873, she had an attack of pleuro-pneumonia, by which she was confined to her bed for some weeks. Since that time her left lung had not returned to its normal condition, and she complained of a sharp pain in her left side, in the region of the axillar line. The pain and a feeling of tightness covered almost the whole space of the middle lobe, which pain and tightness were increased by fast walking and ascending stairs. The patient lives on Boyd's Hill, and in going up the hill she was obliged to stop many times to take breath. She said she felt as though she had a large lump in the before-mentioned place, which caused a feeling of tightness in the extension of the lungs. An inspection of the thorax, on deep inspiration, showed that the middle lobe of the left lung, in the axillar region, did not admit of as much extension as the right one. Percussion normal on both sides; auscultation vesicular, the right somewhat sharper than the left.

From these symptoms, and physical examination, I could arrive at no other conclusion than that this was caused by adhesions of the pleura in the middle lobe of the left lung, following the attack of pleuro-pneumonia which she had had. Having told me that she had been under treatment for a long time, without obtaining any relief, I concluded to give her a trial with the pneumatic apparatus. From the 11th of July until the 25th she made daily use of this treatment, by inhalation of compressed air. On the fourth day of her treatment the patient told me that she could ascend Boyd's Hill with less difficulty in her breathing than heretofore, which improvement steadily increased, until, at the expiration of two weeks, her asthma was completely cured; the pain in her side became better, and after an application of cups and a fly blister, the pain also left her entirely.

I have several more patients undergoing this treatment for lung diseases, who commenced at a later date; some of them are improving. These cases I will bring to your notice at another time.

THE MANAGEMENT OF CASES OF CHOLERA MORBUS.

BY CHARLES C. PIKE, M. D.,
Of Peabody, Mass.

Every active physician is aware how unpleasant it is to be called out of a sound sleep in the middle of the night, as we usually are, to relieve a case of acute indigestion or cholera morbus, as it is commonly called. He finds his patient suffering terribly with pain in the stomach and bowels, vomiting and purging, the air in the room necessarily rendered sickening and disgusting thereby; or, perhaps not having been called early enough, he finds the patient rapidly sinking into a collapsed state, with cold extremities, cramps, etc. Writers on this disease advise giving small doses of morphine, morphine and calomel, brandy, and ice, etc. All of which, in my experience, are very likely to be rejected by the stomach, and generally we are obliged to work over our patient for an hour, and oftener two or three hours, before we can feel sure that the disease is controlled. The hypodermic use of morphine will usually give prompt relief; but from prejudice on the part of friends, or from other causes, we are often debarred from using it.

Living in a town where there are a large number of Irish laborers, and consequently having many cases of cholera-morbus to treat, I have adopted a plan of treatment which, while I by no means claim it as original, serves me admirably: *i. e.*, I do not now find myself obliged to remain with the patient but a few moments, where formerly I was obliged to stay an hour or two. Immediately upon reaching the bedside of the cholera-morbus patient, I order "saleratus and water," viz., half-teaspoonful of saleratus, to a cup full of water of summer temperature. If the patient has already cleared the stomach by vomiting, this will at once neutralize the sour condition of that organ, and relieve the nausea, and if vomiting have not taken place the combination of the alkali with the acid contents of the stomach will usually induce action enough to cause vomiting, which of course is desirable to an extent of unloading the stomach of its contents, after which I give more of the saleratus water, which will soon stop the vomiting. Then, with a small 2-oz. metallic syringe, which I always carry—one with a ring on the end of the piston, so that it can be used with one hand, is best—I use a

small clyster composed of from one-half to one teaspoonful of laudanum, of which I always carry a small phial, and enough of the saleratus water to nearly or quite fill the syringe; this to be gently thrown into the rectum by yourself, or the nurse, if you can depend upon her doing it faithfully; tell them if the patient vomits to give the saleratus water, of course, not omitting to apply external warmth or irritants, as may be necessary, and then go back to your bed again, seldom staying in the house more than twenty minutes.

I have treated a great many cases in this way—a hundred at least—and as yet have never been called to the same patient twice in the same night, an event which happened far too often when I used other means for controlling the disease. There is no dread lest by mistake on the part of attendants an overdose of opiate may be administered. The laudanum acts as a sedative and also a stimulant, just what the patient needs, and the dose, from a half to one teaspoonful of laudanum, by clyster, would not be likely, under any circumstances, to do harm.

ON FOREIGN BODIES IN THE TYMPANIC CAVITY AND THEIR REMOVAL.

Condensed from an article by R. Voltolini in *Monatsschr. für Ohrenheilkunde*, x 69, 85.

The specialist in otology is a necessity, if for no other reason, to remove foreign bodies from the external meatus, since incalculable injury has been accomplished by unpracticed physicians in operations of this kind. Patients have lost their lives, or if allowed to survive, there remains perforation of the drum-head, suppuration, lasting for years, polypi, etc. This is not a thing of the past, but of the present; not only of country physicians, but of the city as well; even of the university towns! Even two or three physicians may be engaged, since at all odds the foreign body must be had! Indeed, a foreign body can never cause as much damage as does the rough attempts at extraction. On this account, "it is desired of every physician, not that he can remove the foreign body from the ear, but that he can leave it quietly remain. When he has done this he has done his duty."

But shall this same advice be given when the foreign body is within the tympanic cavity? If a special study of otology has not been made, by all means, since the search for the foreign body would cause the greater damage. But how must the specialist proceed? This question I have asked myself, but it is a difficult one to answer, since the authorities give only general indications. Rau (*Ohrenheilk.*, p. 371) suggests to drive it out by means of a stream of water through the Eustachian tube; which now is looked upon as a theoretical fancy. J. Gruber (*Ohrenheilk.*, p. 429) is of the opinion that if other means fail, one should enter the middle ear through the mastoid; a procedure only to be adopted in the most extreme cases.

A question of importance, which should first be answered, is: Can a foreign body in the middle ear be treated in the same manner as those in the external meatus; that is, can it be allowed to remain quietly without haste for its removal? As there is no information to be found on this subject, anything that will throw light upon it will be of service.

Two things must receive especial attention in this connection: 1. Has the perforation entirely healed, or to such a degree that the perforation must be enlarged to effect the removal? or, 2. Does there remain a perforation of sufficient size to remove the foreign body? In either case there remains this difficulty: the foreign body may be of such a character as to swell, and so wedge itself that even with no membrane it cannot be removed.

In my attempts to secure a permanent opening in the drum-head, the eyelet, which I had placed in the opening, has fallen into the middle ear, since, after I had felt sure of the result, an inflammation set up from some cause, and loosened the eyelet, which dropped either into the external meatus or the tympanic cavity. When the parts are in condition I can remove the eyelet by means of a delicate hook constructed for the purpose. But when the drum-head has healed over the eyelet before I make the search, the question remains, shall I allow it to remain, or shall I remove it?

In one case, where, under illumination from bright sunlight, I saw the foreign body through the drum-head, I cut through and removed it with the hook. In another case I failed, partly on account of the restlessness of the patient, partly because the foreign body slipped out of sight. I persevered, however, until the irritation caused by the hook was so great that I questioned myself whether I should continue

the search or not, and reasoned in this way: If I continue my endeavors, I shall *certainly induce* an inflammation, of which the limits may not be able to be measured; but to allow the foreign body to remain is only *doubtful* that an inflammation may ensue. Consequently, I allowed it to remain, and have not, as yet, repented of my decision. Indeed, in another case where the eyelet was allowed to remain, everything healed up and the patient heard better than before. In another case about which I was consulted, the physician had the misfortune to have a part of an operating instrument break in the middle ear. I advised him to let it lie quietly, and there have been no evil consequences. From this experience I have arrived at this conclusion: when the foreign body cannot easily be removed, allow it to lie quietly; use no force.

In the above cases the foreign body was of a hard, unyielding substance. I have had a case in which a body capable of swelling was lodged in the middle ear.

Adolph Hoffman, aged 8, had running in both ears, with perforation, for about a year. On December 28th, 1875, he thrust a French bean in his left ear. His mother took him to a hospital, where a forcible endeavor was made to remove it; results, great suffering to the boy, and the bean forced further in the ear. Quite late in the evening, the mother brought him to me. I saw that the bean was quite deep in the ear, advised no present interference, and requested to see him next day. After a careful cleansing of the ear with the syringe but a small white extremity of the bean could be seen, the rest being hidden and wedged in the middle ear. The boy would not permit the use of an extracting instrument; and if placed under the influence of chloroform, what instrument would avail? There being no tinnitus, there was no immediate haste, and I ordered cold applications. As yet there were no alarming symptoms; what there might be, when the bean should swell, no one could tell. The only instrument which could be employed was the galvano-caustic, using my small silver cautery, which heats and cools with lightning celerity. It was tried on the hard bean, giving but a moment's touch, but with little effect. This corresponded to experiments made with a similar bean. The warm douche was then ordered for fifteen minutes at a time, in order to soften, and the application of the cautery made daily, sometimes burning it twenty minutes at a sitting, and carefully removing the debris by a syringe. The operation was painless. As soon as the boy recovered from the fear induced by the first use of forceps, he showed no fear; his appetite increased, slept well, and was quite lively. The only precaution used was to prevent his going out during the cold weather, except to visit me. By January 13th so much of the bean was destroyed that he complained of the syringe water flowing into his mouth. Four weeks, precisely, after the accident, on January 25th, one-half of the bean clung to the cautery, and was removed with it. The next day the remaining half was removed, which was followed by the husk, which was wholly removed. The bean, in swelling, had pressed itself into the shape of the middle ear.

We conclude from the above—1. That it is not necessary to act precipitately; and, 2. The galvano-cautery will be of service when all other instruments fail. However, one must possess a good battery, a proper instrument, and the necessary skill, or he may bring the operation into disgrace. In my "Anwendung der Galvano-Caustik, etc.," I have spoken at length of the details of the operation.

Medical Societies.

INTERNATIONAL MEDICAL CONGRESS.

(*Concluded from No.* 1020.)

THIRD DAY, WEDNESDAY, SEPTEMBER 6TH.

The International Medical Congress reassembled at 10 A. M., and was called to order by the President, Dr. Gross.

Dr. J. L. Atlee, of Lancaster, Pa., made a motion that copies of the paper read yesterday, in hygiene, be transmitted to the Governors of all the States and Territories, and to the Dominion of Canada. Agreed to.

Dr. Traill Green, of Easton, Pa., moved that the paper of Professor T. G. Wormley be printed, and his wife's name be added to the roll of the Convention, as she had drawn and engraved all the illustrations for his recent valuable work on Micro-Chemistry. The portion of the motion relating to Mrs. W. having been withdrawn, the resolution was adopted.

A telegraphic dispatch was received from the National Temperance Society, at New York, asking the Congress to declare for total abstinence; that alcohol be classed with other powerful drugs, to be prescribed with caution and with a grave sense of responsibility; that it is in no sense food to the human system; that its use is productive of a larger amount of physical disease, tending to deteriorate the

human race; and to recommend, as representatives of enlightened sense, to your several nationalities total abstinence from alcoholic beverages."

The matter was laid upon the table.

The following plan on International Uniformity in Clinical Observations and Records of Physicians was presented by Dr. Harewood, delegate to Brussels, and Dr. Seguin, the delegate of the A. M. A. to the I. M. C., of Philadelphia, which was agreed to, and the President directed to name the delegation:—

"The International Medical Congress of 1876 recognizes the advantages which would accrue from the introduction of a gradual uniformity in the multiple and heterogeneous elements of physics, as posology, nomenclatures, etc., and in the means and records of medical observation. In consequence, this Congress appoints as delegates to the International Congress of 1877, * * * * * * * * * with the special mission of presenting a schedule of the means of uniformity in physics actually applicable in all countries, and another of those which could soon be made acceptable by the profession at large. Said delegates to be advised to invite the coöperation of the men who have already worked for the same cause at the International or National Medical or Pharmaceutical Congresses of Paris, Vienna, St. Petersburg, Brussels, and Buffalo.

(This last name is added to the list because the Association for the advancement of Science has just appointed a commission to prepare a plan of international uniformity of nomenclatures. The facts are that in science, industry, money matters, the same want of uniformity here expressed is felt irresistibly.)

Reports were received from the Sections and referred. The following are the conclusions from the Section on "Mental Diseases."

There is at present a manifest tendency to hold the insane responsible for criminal acts.

That this tendency is unjust, unphilosophical, and contrary to the teachings of pathology, which clearly point out that insanity is but the expression of disease.

These conclusions were endorsed by the Section.

Paul F. Eve, M. D., professor of operative and clinical surgery in the University of Nashville, read the Address in Surgery. He said this was but coming back to his dear old alma mater. While this may be the Centennial of National Independence, it is not that of the profession. It was as late as 1820 that the taunt was uttered, "What does the world yet owe to an American physician or surgeon?" He who may be regarded as the father of American surgery—Philip Sing Physick—was only eight years old at the time of the Revolution. He was among the first to apply animal ligatures, employing buckskin for that purpose. A striking proof of Dr. Physick's appreciation in Europe—his work became the text-book of the University of Edinburgh. Of him it has been said that he never spilled a drop of blood uselessly. Intimately connected with the rise and progress of surgery in America were four others, viz.: Warren, Mott, Dudley and Gibson. Valentine Mott was a native of Rhode Island. Dr. Dudley was a native of the West, and spent several years in Europe. He gave but little medicine, but insisted upon the observance of hygiene. He was for years the surgical patriarch of the West. William Gibson was born in Baltimore, in 1784. It was he who extracted the ball from General Scott at Lundy's Lane.

Dr. Gibson was probably the best lecturer we have ever had in America. His memory was so retentive that he was known to repeat three hundred lines of Virgil. He has performed the Cæsarean section twice on the same patient, saving mother and child. American surgeons present a creditable report on the subject of amputation. The official reports of the late war show that the mortality in the medical staff was greater than that of any other. Not less than fourteen foreign journals noticed our army medical reports. In the Prussian service our ambulance was adopted. It has been reserved for American surgery to teach the world how to relieve or prevent human suffering. Fifty years ago not half a dozen Americans were known abroad as surgeons, and as early as 1859 Dr. Reese, in preparing an American edition of Cooper's *Surgical Dictionary*, introduced no less than one hundred and nine American contributors.

Mr. Erickson declared most emphatically that there had not been a case of recovery from primary hip-joint amputation recorded in military surgery previous to our late war, whereas during the late war three or four cases were reported as successful. In an address to the students of St. Thomas' Hospital, London, October, 1874, Dr. McCormack said: "No European nation, probably, can point to such a monument of industry, so great a mass of valuable material carefully preserved and digested, as are the records of the Medical Department, United States Army. It is," he continues, "an undertaking simply gigantic, reflecting credit on the government that originated and the men who carried it out. Such records are of the utmost benefit, both to military and civil service." Well has it been said that no imagination can conceive, no tongue can express the accumulated woe anæsthesia has assuaged and is yet destined to prevent and relieve. That it is American in origin, the authority of Sir William Ferguson will suffice, who says that to Americans is undoubtedly due the honor of establishing the practice of anæsthesia in surgery. In closing, he spoke of the efficiency of the United States Government medical and surgical service.

An address was then delivered by J. M. Toner, M. D., of Washington, D. C., on Medical Biography. He said: I shall confine myself to the narration of a few simple facts in the lives of the more illustrious, and recording the names of physicians who attained distinc-

tion during the century. Wars have generally been promotive of medical science, and our profession was no doubt much benefited by the contest for independence.

For the first quarter of a century after this armed struggle, the leading physicians and surgeons were those who had served in the army. The most notable event of this period was the occurrence of two epidemics of yellow fever, which appeared in the summers of 1793 and 1798, in nearly all our Atlantic cities. This disease tested the courage and taxed the skill of the profession, and prompted the most eminent to reduce their observations to writing. To us it is an agreeable surprise to find that there were then so many medical men of literary ability in our country. The second quarter of the Centennial period was distinguished by the introduction of vaccination, the occurrence of spotted fever and the war of 1812. All these events stimulated the profession. The aspirations which it aroused gave an impetus to the establishment of medical periodicals and founding of medical colleges and hospitals.

The third quarter of the century may be marked as noted for the discovery of anæsthesia, the epidemics of Asiatic cholera of 1832 and 1848, as well as the discovery and the application of many new and improved methods of physical exploration. These aids to diagnosis encouraged more than ever the recording of chemical observations and publications. Medical journals multiplied and new medical colleges were founded in most of the States.

The last quarter, which has just closed, is specially distinguished by the vast experience of the late war, which was a great school, and which has benefited the whole medical profession, the extended use of anæsthesia in painful surgical operations, the increase of scientific means for exact diagnosis, and the introduction of new and potent remedies and modes of administration. I have concluded the retrospect by formal biographies of one hundred of the most eminent medical men of the United States for the century. We know that greatness in any avocation, much less in the medical profession, cannot be thrust upon the undeserving. Only those who have done something to advance medical knowledge or improve the methods of cure will live in history.

The natural ability, habits of industry and systematic knowledge of Dr. Benjamin Rush, added to his acquaintance with men and public affairs, easily place him at the head of the list of the eminent medical men of the century. His professional skill and high moral and benevolent character rendered him popular with the profession and endeared him to the people. His fame has suffered but little by the lapse of time. His writings are numerous and valuable. But as the subject of medical literature has been assigned to an abler person, I shall leave that branch entirely to him.

Speaking of Dr. John Warren (1753–1815), the author says:—

He acquired experience and reputation in the hospitals of the Revolution. While attached to the hospital at Boston, in 1872, he founded the Medical Department of Harvard College, in which he was Professor of Anatomy and Surgery.

The paper also contains a number of others, down to the present period, which is omitted. In conclusion it says; I wish to bear testimony that the study of the lives of the physicians of America, for the Centennial period, has produced in me, as it will upon others, a profound conviction that eminence and honorable distinction in the profession are the legitimate result of good education and professional knowledge, conjoined to high moral character and devotion to professional duty.

The temple of fame holds no more honored tablet than those on which are inscribed the names and deeds of the worthy members of the medical profession.

That the members of this Congress may deserve to have their names perpetuated to fame through all succeeding ages is my earnest prayer. To have our own thus enrolled we may not hope for, since this is granted to but the immortal few. But to be their modest imitators, and practice the self-denial of which they have set us an example, is within the reach of all.

On motion, both addresses were referred to the Committee of Publication.

In the evening, Dr. J. J. Woodward, Surgeon, U. S. A., delivered a lecture before the Congress, at the Jefferson Medical College, on the Medical Staff of the United States and its scientific work.

FOURTH DAY—THURSDAY, SEPTEMBER 7TH.

The International Medical Congress resumed its session in the Chapel of the University of Pennsylvania, Dr. S. D. Gross, President, in the chair.

Dr. H. I. Bowditch, of Massachusetts, offered the following, which was adopted:—

WHEREAS, The work already accomplished by the officers connected with the Bureau of the Surgeon-General of the United States, in the establishment of a medical library, and in the preparation of its ample and unique catalogue, in the formation of an anatomical museum from which important scientific results have already been obtained, and which have been not only a source of honor to these United States, but of value to foreign nations and wherever science is cultivated; and

Whereas, This Congress learns with regret that, owing to the lack of a sufficient clerical force and of pecuniary means, not only some of the work already in progress has been suspended, but that other work of equal value cannot be undertaken, although ample materials for the same are now lying unused in the Surgeon General's office; therefore,

Resolved, That a committee of three be appointed to prepare a memorial to the Congress of the United States, at the earliest day possible, at its next session, urging efficient support to these most important works.

Resolved, That it is desirable that said memorial should be signed by the President, Vice-Presidents, and Secretary of this body.

The reports from the different sections were then made.

Dr. J. P. White, of New York, said that politicians did not care anything for sanitary science, and that it was well enough to send a copy of the paper of Dr. Bowditch to the Governors of the different States, but it was too important to let the matter rest with depositing the papers in the pigeon-holes of the Governors.

He moved that copies of the address be sent to the President of each State and Territorial Medical Society in the United States and in Canada, and to each Sanitary Board, requesting them to bring the subject before the next meeting of their organizations.

Dr. John L. Atlee, of Lancaster, said that each individual should use his personal influence with the Governor of his State.

The resolution of Professor White was then adopted.

Dr. Gross announced that he had appointed as the delegates to the International Medical Congress, to meet at Geneva in 1877, Dr. H. I. Bowditch, Mass.; E. Seguin, N. Y., and J. J. Woodward, U. S. Army.

Dr. H. Miyake, of Toko, Japan, was then introduced, and occupied the chair during the reading of

The Address in Obstetrics, by Theophilus Parvin, M. D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana. He said the eighteenth century was marked by great advances in obstetrical knowledge. The germ of American obstetrics was British, rather than French. Seventy or eighty years ago the practice of obstetrics was almost exclusively in the hands of women. The name of William Potts Dewees should live forever. He has by his works reared a monument more enduring than quarried granite or molten brass. The present century has been marked by some of the most important advances in obstetrics. He traced with much care the progress of the obstetrical art during the century just closed. Anæsthesia must be considered one of the greatest glories of obstetrics. The administration of chloral for relief has also had many advocates in this country. An advance has been made in the more liberal diet and hygiene of women. The speaker referred, among other things, as signs of progress, to the establishment of women's hospitals.

The address on medical jurisprudence was then read by Stanford E. Chaille, M. D., Professor of Physiology and Pathological Anatomy, of the University of Louisiana. He stated that medical jurisprudence owes its power to knowledge derived from every branch of medicine, but the law determines how far this power shall be utilized in the administration of justice. Hence the development of medical jurisprudence has varied in different nations with the progress of medical science, and with the extent of its application to the protection of property, reputation and life. Efficiency in this legal application varies with the appreciation of medical knowledge by the rulers of a nation, and since an adequate appreciation is limited to the educated few, and is not yet disseminated among the mass of any people, it results that laws more favorable to the culture of legal medicine are to be found in nations ruled by the educated few than in those governed by the people. The unequal development of medical jurisprudence in different nations finds in these facts an explanation, in large part, at least. The Papal Canon laws, originating many medico-legal questions, sowed in 1670, by the hand of Zacchias, a Pope's physician, the first sound seed of medical jurisprudence in the land of Columbus, then the home of science and the arts. The new-born shoot languishing in Italy, was transplanted in German soil, where it received such culture as nourished its youth, developed its fruit, and reproduced seed to germinate in other lands.

To favoring legislation from 1532 to the present day, the fatherland owes its eminence in medical jurisprudence. Germany, for two centuries, has had an organization of medico-legal officials, to whom alone it entrusts the duty both to procure the medical facts needed by the courts, and to estimate the weight due such facts, from whatever source obtained.

In 1650 Michaelis delivered the very first lectures, and, as early as 1720, professorships of legal medicine were founded by the State.

France, from 1570 to 1692, enacted laws which, like those of Germany, favored the culture of legal medicine, but in 1692 medico-legal offices became hereditary and venal, and legal medicine languished until after the French Revolution. Since 1790 no nation had surpassed France in the culture of medical science; in addition, the judges appoint medical experts, and these, since 1803, must be graduates in medicine.

Great Britain transmitted to this nation laws barbarously conspicuous for the absence of provisions to apply medical knowledge to the administration of justice, and Anglo-American law continues to be in large measure hostile to medical jurisprudence. However, British laws have done something for the science, and little for the art. For Great Britain has fostered medical education, and in 1803 founded a chair of forensic medicine in one university, and now has such chairs in all its medical colleges; has, by the Registration act and other laws, greatly strengthened the medical profession, and has compelled its courts to accept expert evidence only from registered, and therefore educated, medical men.

The States of the Union have, for the most part, left the culture of medical science to individual enterprise, which supplies solely that which the private citizen demands—practitioners of medicine to heal the sick. The States have as yet made no demand for competent medical experts to aid the administration of justice, and have done nothing designedly for the

culture of medical jurisprudence. What growth can this branch of State medicine have so long as a State does not recognize even its existence.

From 1620 to 1722 the authority of the father of medico-legal science was supreme. Until 1726 it was taught that in the presence of the murderer his victims wounds did "open their congealed mouths and bleed afresh," and courts accepted the testimony of medical experts to this miraculous bleeding of the corpse. The effect upon a suspected homicide of touching the body of his supposed victim continued to be a legal expedient within the nineteenth century.

The highest medico-legal authorities taught belief in ghosts, witches, and possession by the devil, and united with the clergy, until 1752, in denouncing all disbelievers thereof as heretics and atheists.

During the hundred years now closing the progress of medicine has been greater than in all preceding time. Innumerable precious facts have been contributed by every branch of anatomy, and especially by pathological anatomy. In the United States there are probably 45,000 medico-legal autopsies made annually. The service of a skilled expert at these "coroner's inquests," which have exceptional opportunity and power to detect crime, is of inestimable importance. The opportunities there presented, if once lost, can never be regained. Further, our courts have annually from 2500 to treble this number of criminal trials necessitating medical testimony, and of these a large part originate from the coroner's inquests. If to those criminals be added all the medico-legal civil trials, it would be doubtless found that our courts require medical evidence in not less than 20,000 cases annually. Whatever the number may be, it would indicate inadequately the number of citizens whose welfare is involved, and the extent to which society is interested in the efficient application of medical knowledge to the administration of justice.

Now Anglo-American law intrusts medico-legal autopsies, which require special medical and some legal knowledge, to those having neither the one nor the other, except by accident, for these coroners, whose inexperience our law assures by constant "rotation in office," owe their position solely to political popularity, a qualification which a competent expert is most unlikely to possess. Are these unqualified officials supplied with efficient aid? If so, again by accident, since the law leaves it to chance or the Coroner, or to his still less qualified jury, to provide a medical expert, and, as is usual, accident and ignorance provide inexperience and incompetence. Could ingenuity devise for medico-legal autopsies any methods more inefficient than those which Anglo-American laws, framed before the birth of medical jurisprudence, have barbarously perpetuated?

But these legal defects, so paralyzing to the past, so discouraging to the future of Anglo-American jurisprudence, are not the only disadvantages against which this nation has had to contend.

The first chair of medical jurisprudence was established by the "College of Physicians and Surgeons" of New York city, and filled by Professor James S. Stringham, M. D., in 1813. In 1815 two other colleges had chairs devoted to the usual branches, with medical jurisprudence attached to some one of these. In 1825 there were about twenty-two medical colleges, and of these only one had a full chair.

On motion, both addresses were referred to the Committee of Publication, and the Congress adjourned to meet on Friday.

FIFTH DAY—FRIDAY, SEPTEMBER 8TH.

The International Medical Congress reassembled at 10 A. M. President, Dr. S. D. Gross, in the chair.

Dr. Paul F. Eve, of Nashville, Tennessee, presented a resolution prohibiting the publication, in abstract or entire, in any medical journal, of papers read before the Congress, until they have appeared in the printed minutes. This was adopted unanimously.

The reports from the Sections were received and ordered to be printed. The following is the report of the Section on Sanitary Science:—

First.—Every plan for the laying out and extension of a town or city should have, as an indispensable part of it, a corresponding and co-extensive plan for the continuation or the substitution of the natural drainage of the locality and for the proper construction of a system of sewers.

Second.—The question in regard to the removal of waste and impurities from towns is not as to the maintenance of sewers, but as to whether they should be depended upon alone, or should be supplemented, more or less largely, by other measures of conservancy.

Third.—Every sewer not supplied with a sufficient flow of water to secure the transportation of its contents is a nuisance, intensifying the evils it ought to remove. Ventilation of sewers will mitigate, but not entirely correct, such evils.

Dr. Davis, of Chicago, offered the following, which were adopted:—

WHEREAS, This Congress marks an era in the history of medicine in the United States of America, the address as delivered presenting a summary of progress in the various departments which will be of great historical value in all coming time; and whereas, it is highly probable that these addresses, in connection with the many very valuable papers read and discussed in the Sections, will require, for their early and proper publication, more funds than are at present in the hands of the Treasurer for the purpose; therefore

Resolved, That the Committee on Publication be authorized and instructed, as soon as practicable after the final adjournment of the Congress, to ascertain the probable cost of publishing the full Transactions in a style appropriate for the work, and if the money on hand is

found deficient, they shall address a circular letter to the American members of the Congress, asking for such additional sum, not exceeding $10 for each, of such members, as will supply the deficiency; and that said committee be authorized to withhold the volume or volumes, when published, from any member who may neglect to pay the additional sum required.

Resolved, That the Committee on Publication be authorized and requested to exercise a careful and liberal discretion in preparing and revising the proceedings and reported discussions in the several Sections, for publication in the Transactions of the Congress.

The following are the conclusions on the general subject of quarantine, with particular reference to cholera and yellow fever, from the paper of Dr. Woodworth, Supervising Surgeon-General U. S. Marine Hospital Service.

After referring to the origin, history and conflicting systems of quarantine, and to the modes of propagation of cholera and yellow fever, Dr. Woodworth offers the following suggestions:—

Quarantine should embrace general sanitation, applied to the endemic homes of infectious diseases, to ships, and to the exposed places. It is impracticable to apply a uniform system of quarantine (applied to "Port Sanitation") to all places without reference to differences of geographical condition and climate, the commercial relations of the countries concerned, and the specific character of the disease to be combated. Hence, the measures enforced should be modified to meet the requirements of each case, taking into account the liability of infection of the threatened, the period of incubation of the disease, the length of time consumed in the passage of the vessel, and the sanitary measures enforced on board during the voyage. If these latter are recognized by the health authorities as they should be, this would furnish a strong tendency to proper ship sanitation—a most important aid in the exclusion of cholera and yellow fever.

The consular officers of the government should assist, by giving timely warning of the outbreak of these diseases, and of the sailing of suspected vessels.

The thorough disinfection of infected articles should be insured, while it must be borne in mind that disinfectants are not so much needed as cleanliness, and that their value depends in great measure upon the manner of their application.

Dr. W. maintains that by applying to the sanitary supervision of ocean traffic and travel such practical measures as are indicated by experience, the hindrance to commerce will be lessened, and greater security against the introduction of cholera and yellow fever.

The address on Mental Hygiene was then read by John P. Gray, M. D., of Utica, New York, Superintendent of the New York State Lunatic Asylum. He said: Mental Hygiene may be variously classified, but as a whole, it embraces all that relates to the development, exercise and maintenance of mental activity in individuals, communities and nations, and must therefore be considered from an individual, a social and national point of view; it embraces education, social culture, religion and national life. It commences, therefore, at birth, and takes cognizance of even the constitutional tendencies of the individual, under laws of heredity as well as all the circumstances of subsequent life.

Mental activity is highly favorable to physical health and development, when systematically directed into useful channels, and intellectual labor seems, as a rule, to contribute to longevity.

In the early days of this Republic, with simplicity and plain living, we find the same rule holding good.

The lesson of mental hygiene for nations, which we have from example, is not that education and wealth, nor the refining influences of æsthetic art, will suffice for the highest development of national mind, but that if underneath and through all these are not interwoven the great truths of responsibility to the author and upholder of all governments, lifting man above the dominion of the baser passions, the nation dies as an individual dies, for, "unless the Lord build the house, they labor in vain who build it."

The address in Medical Literature was read by Lunsford P. Yandell, M. D., Professor of Physiology in the University of Louisville.

Dr. Yandell gave, at much length, a history of the books, journals, monographs, etc., emanating from the American press during the past century. He showed the great advances which have been made, and are still going on. So that now American text books are even reprinted abroad, thus reversing the rule that formerly obtained.

On motion, the addresses were ordered to be printed.

Adjourned till Saturday at 10 o'clock.

SIXTH DAY—SATURDAY, SEPTEMBER 9th.

The Congress met at 10 o'clock, Professor Gross presiding.

Reports were read from the different Sections. The Section on Medicine embraced the following:—On the paper of Dr. E. M. Hunt on "Alcohol in its Therapeutic Relations as a Food and a Medicine," the Section voted the following propositions, and referred them to the Congress:

1. Alcohol is not shown to have a definite food-value by any of the usual methods of chemical analysis or physiological investigation.

2. Its use as a medicine is chiefly that of a cardiac stimulant, and often admits of substitution.

3. As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration or for the enormous evils arising therefrom.

4. The purity of alcoholic liquors is in general not as well assured as that of articles

used for medicine should be. The various mixtures when used as medicine should have definite and known composition, and should not be interchanged promiscuously.

Professor White offered the following resolutions, prefaced with appropriate remarks:—

Resolved, That the officers and trustees of the University of Pennsylvania are hereby tendered our cordial thanks for the very liberal use of their excellent buildings for the meetings of this International Medical Congress.

Resolved, That the officers and trustees of the Jefferson Medical College are hereby tendered the cordial thanks of this Congress for the use of their lecture-room for the most interesting lecture of Dr. J. J. Woodward, U. S. A.

Resolved, That the Centennial Medical Commission of Philadelphia are hereby tendered the cordial thanks of this Congress for the most excellent manner in which its members have discharged the arduous duties devolved upon them, and by which our pleasure and profit have been so much enhanced.

Resolved, That the President and other officers of the International Medical Congress of 1876 are hereby tendered the cordial thanks of the Congress for the excellent manner in which they have discharged the arduous duties devolved upon them, and by which our pleasure and profit have been so much enhanced.

Resolved, That the cordial thanks of the International Medical Congress are especially due to Drs. Thompson, Wilson, and Strawbridge, and to Messrs H. C. Lea and J. B. Lippincott, for their generous hospitality.

Dr. Grant, of Ottawa, Canada, arose and stated that at a meeting of the members of the Canadian medical delegates, held yesterday, the following resolutions were adopted unanimously:—

Resolved, That the Canadian members of the International Medical Congress desire to express their sense of the great consideration and urbanity with which they have been treated by the officers and members of the Centennial Medical Commission, and beg, by this resolution, to tender their warm thanks for the same.

Resolved, That the Canadian members of the International Medical Congress most cordially join with the other members of the Congress in thanking the members, and citizens of Philadelphia, for the generous hospitality extended to its members throughout the present session.

Dr. Sayre, of New York, offered the following, which was adopted:—

Resolved, That this International Congress request our President, Professor Gross, to sit for his portrait, and that the Committee of Publication be instructed to have the same engraved and printed in the frontispiece to the volume of our transactions.

Dr. Bowditch presented this resolution, which was adopted:—

That we, a brotherhood of physicians from the North, South, East, and West of this country, hereby tender to our associates from other lands our most earnest wishes that they may have safe and happy returns to their homes, and we would suggest the hope that they will carry back many pleasant memories of this fraternal meeting now closing, and which has been most appropriately held in this generous and noble city of Philadelphia.

Professor Charles J. Hare, of England, read the following expression of congratulation from the delegates of Great Britain:—

"The delegates from Great Britain to the International Medical Congress at Philadelphia beg to congratulate the President and the several committees on the complete success of the Congress, on the high value of the various addresses presented to it, and on the forward impulse which it has given to the progress of medicine in the widest sense of that word. They desire at the same time to express in the strongest and warmest terms their sense of and their thanks for the unmeasured kindness and courtesy and the unbounded hospitality with which they have been received on this Centennial occasion, and to add that they will carry back with them a most grateful recollection of that warm right hand of fellowship which has been so warmly extended to them by their brethren of the United States."

This paper was signed by Charles J. Hare, M. Cantab, F. R. C. P., late Professor of Clinical Medicine in University College, and Physician to University College Hospital; R. Brudenell Carter, F. R. C. S., England, Hunterian Professor of Surgery to the Royal College of Surgeons of England; William Adams, F. R. C. S., President of the Medical Society of London.

Professor Gross arose, and as President, said there were no resolutions to act upon in this instance, but the remarks were received with grateful consideration.

The resolutions offered above were seconded by various delegates, in appropriate speeches, and adopted unanimously.

Pursuant to order, the hour of eleven having arrived, Nathan S. Davis, M. D., Professor of Principles and Practice of Medicine in Chicago Medical College, proceeded to deliver an address on "Medical Education and Medical Institutions," giving in detail a history of the commencement and progress of teaching in medicine from the time of its first teachers in Philadelphia, prior to the Revolution, down to the present. His paper contained much statistical matter, indicating the condition of medical education at the present time as contrasted with the beginning of the century. It stated that in the last year and the present one the entire number of students in medical colleges has been estimated at 6650, and of these, 2200 have received the degree of Doctor of Medicine.

The increase in the number of students in the past thirty-five years has been in the same ratio as the increase in population. There are now about 500 teachers of medicine in colleges.

On motion the address was referred for publication, and Dr. Gross, after a few congratulatory remarks, announced the Congress adjourned without day.

CANADA MEDICAL ASSOCIATION AND AMERICAN MEDICAL ASSOCIATION.

A meeting of the Joint Committee of Conference appointed by these two organizations was held at the Jefferson Medical College on September 2d, at 12 o'clock, noon.

Present Drs. Edward H. Trenholme, J. A. Grant, F. W. Campbell, E. Robillard, of Canada; and Drs. H. J. Bowditch, E. Andrews, Samuel D. Gross, John T. Hodgen, and William B. Atkinson, of the United States.

On motion of Professor Gross, Dr. J. A. Grant, of Canada, was requested to preside; and Dr. William B. Atkinson, of the United States, to act as Secretary.

By request, the Secretary read the following communication, as explanatory of the conference:—

"Moved by Dr. Grant, seconded by Dr. Kingston—

"That in consideration of the best interests of medical science, it is desirable that a Medical Conference should take place between the American and Canada Medical Associations, at some central point, to be determined upon, and that the American Medical Association be advised as to the desirability of thus becoming more intimately acquainted, and affording an opportunity for the discussion of medical and surgical subjects on a common basis.

"Which motion was unanimously agreed to, when Dr. Kingston, seconded by Dr. Botsford, moved—

"That in the event of such a conference being determined upon, it would be desirable that the Secretary of the Canada Medical Association notify the different members, so that they may take part in a manner worthy of the occasion and in keeping with the best interests of medical science.

"Which motion was also unanimously adopted.

"A true copy from the minutes.

"S. H. David, M. D.,
"*General Sec. Canada Medical Association.*"

Dr. Grant, in an able speech, explained more fully the desires of the Canada Medical Association.

The subject was then discussed by Drs. Bowditch, Andrews, Campbell, Trenholme, and Gross.

Dr. Andrews then offered the following resolution, which was unanimously adopted:—

Resolved, That in the opinion of this Committee, the interests of medical science will be promoted by a consolidation of the American Medical Association and the Canada Medical Association in one body.

On motion of Dr. Gross, seconded by Dr. Andrews, it was unanimously

Resolved, That the President of the American Medical Association and the President of the Canada Medical Association be requested to embody this idea properly and emphatically in their addresses before their respective Associations.

On motion, the Conference adjourned, with thanks to the President and Secretary.

Editorial Department.

Periscope.

Esmarch's Method and its Use in Aneurism.

In his address before the British Medical Association, Mr. Farell says, on this subject:—

Esmarch's method secures a twofold desideratum in cases where its application is practicable, for it procures for the surgeon as clear a view of the parts he is operating upon as if he were operating on a dead body, and it secures for the patient the great boon of undergoing operation with the least possible loss of blood. I know it has been urged, in objection to its employment, that there is the risk of squeezing up into parts above inflammatory products, blood-clots, or partially disorganized blood; but I think, with care in the application, such accidents can rarely happen. Often as I have applied it, I never remember to have come across such results. The only unfortunate effects I have seen, I think, have been minor ones, such as some bruising and subsequent swelling of stump, when probably the elastic ligature had been applied more energetically than was necessary. The method can hardly be called a new one, though I think to the ingenuity of Esmarch we are indebted for devising the means of making it so widely and generally practicable. But over and above these well-known and generally acknowledged advantages, I must for a few minutes draw your attention to its employment for another purpose—the cure of aneurism. The subject of aneurism was so fully and exhaustively treated by Mr. Pemberton, of Birmingham, before this Association, four years ago, that little can be added to what he then advanced; but in the case recorded by Dr. Reid, when ordinary appliances failed, a rapid cure was effected by the application of Esmarch's bandage and ligature. The subject was a sailor, aged thirty-seven, with popliteal aneurism. Compression was first tried by genuflection, which caused so much pain and œdema of the leg that it had soon to be discontinued. Afterward, Carte's compres-

sor was applied at the brim of the pelvis, and again in Scarpa's space; but after four hours' continuous compression severe pain again put a stop to treatment; and though pulsation in the tumor had ceased, it shortly returned, the opinion being that, although circulation through the femoral was controlled, a free supply of blood got into the sac through the collateral branches. It was then determined to try the effect of Esmarch's apparatus, not so as to empty the sac of blood, but keeping it filled, so to cut off all circulation through the limb as to allow of the coagulation of the contents of the sac. The limb was enveloped in the bandage from the toes upward, but the bandage was passed very lightly over the knee, so as to exercise little pressure on the sac, and the thigh then enveloped to the middle third. The elastic ligature was passed round the thigh, and kept on for fifty minutes, when pain above the seat of the constriction necessitated its removal. It was then found that all pulsation had ceased; the aneurismal tumor was hard; and, as a means of precaution, a tourniquet was applied, at intervals, over the femoral for a few hours longer, to moderate the current of blood through the artery. Pulsation never returned, however, and the case when seen some months afterward was perfectly well.

Conium in Clonic Spasm.

The following clinical case, reported by Dr. Clifford Allbutt in the *Lancet*, has interesting therapeutic relations:—

M. E. W——, aged twenty-six, was admitted into the infirmary on May 1st. She had lost her mother, and was an only child. After making inquiry, she stated that no near relation had ever been affected with epilepsy, chorea, or other nervous disease. She had occasionally suffered from frontal headache, which laid her up for two or three days, but had had no serious illness. Her occupation had been that of working a sewing machine.

About three months ago she began to start suddenly; in the day this occurred about once an hour, but at night she had fits of shaking, lasting about an hour. The attacks in the day grew gradually longer, and at the period of admission lasted about an hour and a half. Those at night, generally three or four in number, lasted about an hour. Three weeks after the commencement of these attacks she was married.

The attacks began with a fluttering sensation in the epigastrium, lasting a few seconds; then the whole body began to shake. The muscular tremor seemed greater in the back, but she could hold her hands pretty steady. When she laid on her side the abdominal muscles were lax, but when on her back the abdomen was tense, the thighs partly flexed, and the flexors working strongly. She complained of severe pain in the left hypochondrium, under the edge of the ribs, during the attacks, and there was some tenderness, on pressure, over the end of the last rib. On admission the attacks came on about every hour. Her general health was good. Catamenia regular up to two months ago.

May 2d—In the evening she took six drachms of the juice of conium.

3d.—Had a similar dose this morning. She slept better, but has had four attacks this morning. The conium affected her distinctly, making her feel tired and inclined to sleep. Took one ounce of the juice at 2 P. M., and remained perfectly quiet till 11 P. M., when she had another attack and took another similar dose.

4th.—Took one ounce of the juice in the morning and six drachms at night. She had three attacks before 10 A. M., and was then quiet till 5 P. M., when she had an attack lasting only thirty minutes.

5th.—Took the conium as yesterday; had no attack in the night, but suffered at 6.10 and 12 A. M., and 6 P. M.

6th.—Had an attack at 6 A. M., and took six drachms of conium.

8th.—Has had no further attack. Some little pain in left hypochondrium, with tenderness over two dorsal spines; was relieved by a blister over the tender part of the spine.

11th.—Has had no attack since the 6th. Is somewhat weak and anæmic, but feels stronger than on admission; sleeps well, and is free from pain; can now work a sewing machine without uneasiness. Discharged.

The Sulphide of Calcium in Itch.

Thomas M. Dolan, L.R.C P.E., L.R.C.S.E., etc., Medical Officer Halifax Union Infirmary, and Halifax Fever Hospital, Yorkshire, writes to the *Medical Press and Circular*:—

An experience of seven years with over 700 cases of pure scabies has convinced me of the efficacy of the solution of sulphide of calcium in the treatment of scabies, and the satisfactory results obtained by its use induced me to introduce it to the notice of your readers.

It has the merits of being cleaner, easier of application than the greasy substances usually applied, and if properly used results in a certain cure within a brief period.

It is made, as its name implies, from lime and sulphur; the following formula, from many others, may be used:—

Flower of sulphur,	100 parts
Quicklime,	200 "
Water,	1000 "

Boil the whole for some time, allow the liquid to cool, and decant into hermetically-corked bottles.

It is sold by chemists in the form of a bright yellow solution, and hence is popularly called golden lotion.

Before applying it my patients are ordered a warm bath, so as to cleanse the body and excite healthy skin action; they are then painted with the solution and placed in bed in blankets.

Next morning they present a peculiar appearance, as, owing to the deposit of the sulphur, they are the color of a guinea. The beneficial results are soon manifest. The itching ceases, the vesicles shrivel up, and after another warm bath the patient may be discharged cured.

The over-use of this remedy causes troublesome irritation of the skin, and is often a source of anxiety and trouble until the cause of it is known. It should be at once stopped, and the patient bathed in soda water, when all ill effects will speedily disappear.

It has also the property of destroying anything of a fungoid growth.

When we have itch of long standing in irritable, badly-nourished, strumous subjects, other treatment has necessarily to be adopted to remedy the complications.

There is a sulphide of calcium in powder, of which I obtained a specimen, but it has not the same happy influence as the liquid I have been in the habit of using. There is also a bisulphide in the form of a clear, colorless fluid, of pungent odor, which is very irritating when applied to the skin.

It has no effect in destroying the *acari*, and produces when used an unpleasant erythematous rash.

The clothes of the patients must also be submitted to disinfection, which may be done by placing them in the old sulphur-stove, or by submitting them to heat in some such apparatus as Nelson's patent, whereby the *acarus* and its eggs are destroyed without injuring the garments.

On Sterility in the Female.

In the *Archiv für Gynäkologie* Dr. Grünewald speaks of the causes of sterility. His views give but little encouragement to a mechanical treatment of the causes of sterility. They rather lend their support to the views of those gynecologists who consider that general remedies, which improve the tone of the whole system, are as likely to be successful in affections of the uterus as in those of other organs.

The two maxims in which the author sums up the views to which his researches have led him are as follows:—1. Conception is only one link in the chain of phenomena which are involved in the propagation of the species, and its importance is relatively much less than that of many other vital processes which occur during pregnancy. 2. The woman's capability of maturing the impregnated ovum is the important element of her reproductive power, and it depends for its part on a certain amount of integrity in the tissues of which the uterus consists.

Inflammation of the body of the uterus—Dr. Grünewald's mesometritis—prevents the development of the ovum, according to the greater or less extent of tissue which it involves. It most frequently is the result of parturition, which explains why many women who suffer from it have become sterile after a single pregnancy. Sterility from this cause is more intractable under treatment than that due to endometritis; for while 8.4 per cent. of those who were sterile from the latter recovered, only 3.1 per cent. of patients with the former conceived again.

Parametritis and perimetritis, which so often complicate other forms of inflammation, could be proved to be the sole cause of sterility in 10 per cent. of the whole number of barren women. They not only interfere with the nutrition of the uterus and its appendages, but also with their position, owing to the contraction of the adhesions and other inflammatory residua. They often begin in the first few weeks after marriage, and frequently relapse later on. The position of the exudation which they excite is, probably, of more importance than its size. The fact that some women in whom sterility from these causes has existed for a long time do again conceive may, perhaps, be explained by the development of a collateral circulation.

Sterility dependent on stenosis of the external os is, according to Grünewald, always the result of previous inflammatory processes, and may sometimes, though not often, be cured by dividing the stricture. With regard to flexions, he agrees with Scanzoni, that since the sound can almost always be made to pass the point where the bend exists without using violence, there is no reason to assume that the spermatozoa cannot also pass. As a fact, conception not unfrequently occurs in cases of flexion. New growths do not, according to Grünewald, interfere with conception so far as the uterus is concerned, unless they are large and affect its mucous membrane sympathetically.

Cases of Removal of the Spleen.

M. Péan, at the meeting of the Académie de Médecine (*Bulletin*, No. 29) on July 18th, exhibited two patients upon whom he had successfully performed ablation of the spleen in consequence of large tumors of the organ. The first was operated upon in September, 1867, and was shown to the Academy soon afterward, since when she has continued to enjoy excellent health. The second, a woman twenty-four years of age, was operated upon three months ago, in consequence of the success that had been obtained by M. Péan in the first case, and in gastrotomy in general. An incision having been made from the pubes to the epigastrium, the hypertrophied spleen was found extending from the left hypochrondium to the right iliac region. Owing to its friability, great precaution was required in removing it, a ligature having first been placed around the omentum *en masse* prior to the excision. The omental stump, containing some enormous sanguineous and lymphatic vessels, was brought down to the lower angle of the wound. Very little blood was lost; and the patient at the end of a month was enabled to resume her occupation in a good state of health, and completely cured.

Comparative Researches on Milk.

The *Lancet* says:—Langaard has recently made some comparative researches on human milk, and that of the mare and of the cow. He corroborates the statements made by Biedart in regard to the differences between the milk, and especially between the casein, of the cow and that of human kind. Langaard notices that in koumiss the casein exists in the form of extremely fine flocculi. He finds that mare's milk (*stutenmilch*) is of alkaline reaction when fresh, and retains its alkalinity for two or three days, but then passes into an acid fermentation. It does not then, however, like cow's milk, assume a gelatinous form, but the casein separates in small flocculi. Dilute acids precipitate the casein immediately, but it is readily soluble in an excess. In the case of cow's milk the casein falls in dense masses, which do not readily redissolve in an excess. Alcohol and tannin precipitate the casein of mare's milk completely. If the casein be precipitated by alcohol and deprived of fat by ether, it may be obtained in the form of a fine, loose, slightly yellow powder, that resembles the casein of human milk in its solubility in water, dissolving much more easily than the casein of cow's milk. The watery solution is slightly opalescent, foams on being shaken, and has a neutral reaction. The dry casein is digested as rapidly as that of the woman. Langaard suggests that it would answer well as a preserved preparation.

On Finger-contraction.

The treatment recommended by Dr. Madelung, of Bonn, for this deformity is as follows:—The patient is placed under chloroform, and his hand is laid on its back on a firm support. The hands of an assistant fix the forearm and the tips of the fingers. A piece of skin of an acute triangular form is raised, its base falling into the furrow separating the bent finger from the palm of the hand. Its apex meets that point of the palm of the hand where, with the utmost stretching of the same finger, diseased fibres of the palmar connective tissue are clearly discernible. The piece of skin is raised, beginning at the top, from the parts beneath, with the most extensive removal of the subcutaneous connective tissue. Then the operator pushes a scalpel along the whole piece of the fascia thus laid open, with small incisions into every place where firmer fibres show a stronger tension. Thus an entire portion of the fascia may be incised without danger of a lesion of the sheath of a tendon. The piece of skin is then sewn up with sutures, provided no tension is exerted, otherwise it is left to granulate. A light bandage is the only dressing required. No extension is kept up; nor are any extension movements begun until the wound has quite closed, and then of the most gentle description. The author has had a series of successful cases treated in this manner.

Reviews and Book Notices.

BOOK NOTICES.

The Medical and Surgical Directory of the State of Iowa. By Charles H. Lothrop, M. D. Lyons, Iowa, 1876. pp. 246.

This volume is an example of what we wish every State would produce—a careful catalogue of all its medical practitioners. To be sure there is much in it which swells its bulk without adding to its worth, and it is disfigured by having advertisements scattered through the text—features by no means indispensable. Thus there is no necessity to have, in a State directory, the codes of ethics of the various schools of medicine. But these are slight drawbacks to the merit of the production. Professional directories have a more than passing value. They are historical monuments, increasing in value as years roll by, and by giving more ready access to the members of a guild, they are potent levers in elevating it intellectually and inspiring more harmonious feelings.

Dr. Lothrop's work gives the name and address of the physicians of all schools, the rosters of medical societies, of examining surgeons for pensions, of members of the United States Medical Association, etc.; also a list of all medical and charitable institutions, an abstract of medical laws and some reminiscences of pioneer practice. He deserves congratulation on having so successfully completed a task, the irksomeness of which can be appreciated only by those who have engaged in labor of the kind.

Transactions of the Medical Association of the State of Missouri, at its Tenth Annual Session, April, 1876. pp. 79.

Though not large in size, this volume contains several very good papers; in fact, all its contributions deserve high commendation. They are on topics of importance, and are well written. None of them serve as mere "padding."

The following is a list:—

President's Annual Address—"Nerve Section for Neuralgia" and "Reflex Induration of Penis." By Jno. T. Hodgen, M. D.

Blepharospasm. By Wm. Dickinson, M. D.

Torticollis. By A. J. Steele, M. D.

Report on Progress of Surgery. By E. H. Gregory, M. D.

The Use of Warm Water in Severe Injuries. By J. W. Trader, M. D.

Case of Resection of Knee-joint. By A. P. Lankford, M. D.

We have marked various extracts from them, which we propose giving in the future.

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THE TECHNICS OF VACCINATION.

Our recent editorial on vaccination from bovine lymph has led to several inquiries from readers, which embrace points of such general interest that we will devote to them a second article on the same subject.

The disease vaccinia is *not* producible by vaccinating a cow or heifer with humanized virus. The appearances are different. It *is* producible by vaccinating with the lymph of the true cow-pox pustule.

The best vaccine lymph for general use is *not* that taken from the cow while suffering under vaccinia, but from a healthy heifer which has been vaccinated with such lymph. An experienced Scotch practitioner, Dr. J. P. Cassells, remarks on this subject, in the *British Medical Journal*, that the resulting inflammation in children, from cow lymph, is always alarming, and not free from the possibility of danger; but, after cow-pox lymph passes through the body of the younger animal, it becomes very much modified in its action, both locally and generally, without having its protective power weakened. Pure heifer lymph is, however, very active in its effects, much more so than ordinary human lymph; but even the former loses much of that activity, and, doubtless, a large share of its power as a protective, after it becomes humanized by passing through the body of the young child. Even though the effects of the pure heifer lymph be severe, there is no danger from them, and no after ill-results.

This same respectable authority expresses his opinion of the relative merits of humanized heifer virus in the following strong terms:—

"In conclusion, I may say that the results of the experience gained from this practice, carried on with the strictest regard to scientific accuracy, was to convince me that arm-to-arm vaccination in these days was mostly unreliable as a protective, a delusion and a snare; and that the nearest approach to complete protection from the influence of small-pox was obtainable, and only is obtainable from pure and fresh heifer lymph; and further, that it is not possible to exterminate small-pox till the practice of vaccination from the heifer becomes general."

There is support for this position in the recent English mortality returns. The London *Lancet*, of July last, has this startling heading to one of its editorial articles, "The Increasing Fatality of Small-pox." Since the beginning of the year, the Registrar General of England had reported 379 fatal cases in Manchester and 111 in Liverpool. More than 1500 people in Lancashire alone had suffered from the disease. Vaccination had proved a protection, as while among the unvaccinated the deaths were 61.1 per cent., among the vaccinated the mortality was 13.5 per cent. But evidently vaccination is far from a complete protection if this is the best it can do, and the hope of rendering small-pox a disease of little danger, is but a dream.

But we fearlessly assert that if vaccination is *well performed* from heifer lymph, no such mortality as *thirteen and a half* per cent. will ever be heard of.

The intelligent application of this lymph is

all important. We could relate amusing instances of the reverse of it. A physician who had received a crust, wrote that he had vaccinated fifty children with it, and not one had taken! It would have been surprising to have heard of any other result. Another became even abusive because the quills sent him *had nothing in them!* A third stated he had soaked the quills in boiling water, and yet when he had used them he did not produce a vesicle! A fourth, that he had used one quill on twenty arms, *all failures!*

Now as we before said, crusts are an uncertain form of heifer-lymph. When used, three or four times the amount, softened to the consistence of cream, should be spread on the scarification and carefully dried. One crust could not thus suffice for more than seven or eight arms.

A "quill" will not vaccinate properly more than four, a "point" more than two arms. The ivory "points" are small plates of ivory, about an inch long, and an eighth or a quarter wide, as thick as card-board, square at one end, pointed at the other. The latter end is charged with the lymph, on both faces, by dipping it into the pustule to the extent of half an inch. The directions for using them successfully are thus given by Dr. WARLOMONT, of the Belgian Vaccinal State Institute, in his pamphlet now before us:—

"Thus prepared, our vaccine points preserve all their power for weeks, months, and even years, which is explained by this—that the liquid part has removed, by the evaporation from the solid parts or granulations of vaccine, those elements which promote putrefaction.

"In order to make use of the points, we must open a gate of entry for the lymph larger than punctures make, and for this purpose we must act as follows:—

"Deposit on one of the faces of the ivory point, and then on the other, one drop of *tepid* water, which is left there until the lymph is well softened. Then make, at one millimetre from each other, two or three scarifications of about four millimetres long, only cutting through the epidermis. If a little blood flow, let it dry; then draw over the wound, when quite staunched, for some time, and on its flat side, the plate charged with well-softened animal vaccine. If any blood has been mixed with it, collect all on the incisions and let it dry there."

If such directions are faithfully observed, there will be no complaint of failures.

THE DISPOSAL OF THE DEAD.

This subject continues to engage the active attention of the profession in Europe. In the continent we inhabit, land is so cheap, so much in excess of our wants, that what we spare for cemeteries is not seriously felt, except when they are located in the boundaries of growing cities. But in the closely-packed States of Central Europe this is far from being the case. Hence it becomes a really serious problem what to do with the cadavers, that they may not impede or injure the living.

One of the latest suggestions is that of M. GRATRY, which he has formally submitted to the Parisian prefecture. Having traveled in Spain and Portugal, he had noticed that in those countries the dead are walled up, above ground, in constructions built for the purpose. He concluded that a close-fitting coffin of wood, or of wire, might be used, which could be covered with a layer of cement, a few inches in thickness. This would soon harden, and form an impenetrable, durable casing. The advantages of this method he sets forth as numerous. There is no escape of the gases of decomposition, no danger from epidemic exhalations, transportation is easy, cleanly, and unobjectionable, subsequent examinations for medico-legal purposes are facilitated when they are required, and, last but not least, in these practical days, the cost of this plan is very light. Of course, burying-grounds, strictly so called, are rendered needless by this method of disposing of corpses. The more or less ornamental masses of cement which enclose the departed could be arranged in galleries, or erected into appropriate structures, or,

if preferred, kept by the wealthy in mortuary buildings set apart for the purpose. He states that the changes which the corpse undergoes, when thus excluded from the air by the cement coating, are first into adipocere, and then into a condition of mummification, which are more agreeable to think of than putrefaction.

Meanwhile, the advocates of cremation continue to urge this plan on the public, but we believe it can never become popular. In the Brussels Exhibition there is a cinerary urn with the inscription, "The ashes of an Italian gentleman, sixty years of age, cremated in two hours. He weighed fifty kilogrammes."

Colonel Ross, the British resident at Bushire, on the Persian Gulf, has just transmitted to the British Museum a collection of antique articles, including a large vase of unbaked clay, in which were found human remains. It is shaped like a bottle, the neck of which has no opening, but is pointed as if designed to be set in the ground, the opening being at the larger end. Other burial cases are described, which appear to have been moulded upon the body and then subjected to the action of fire. These cases are pierced with many holes, as if to permit the escape of smoke and gases. If cremation should be resorted to, it would certainly seem that these Asiatics of the Parthian era had shown us a better than any modern way. They brought the process to a good degree of time-saving perfection. To reduce the remains to cinders, and in the same process enclose them in the urn, is a method which can hardly be improved upon in its utilitarian simplicity.

Notes and Comments.

The Antiseptic Methods.

As there was some discussion a few months back, in this journal, about these methods, we may state that there are three; those of Mr. Lister, and of M. A. and J. Guérin, of Paris.

M. Alphonse Guérin is as anxious as the Edinburgh professor to exclude air, in its ordinary condition, from wounds. To attain his end, M. Guérin dresses wounds with thick layers of cotton-wool; and he believes, with Professor Tyndall, that the wadding arrests the germs, and allows pure air to reach the denuded surface. The layer is left a long time, and when removed exposes a healthily granulating wound. This practice has been carried on by himself and others, for several years, with great success. M. Jules Guérin's uses led him to introduce what he calls his pneumatic method. This consists in placing a stump, after amputation, in a bag from which the air has been drawn, and here again we are told of successful cases. In all the three methods to which we have alluded, suppuration is either very slight or does not occur at all. The elder Guérin (he is between seventy and eighty years) taxes the younger with having simply copied him, and being quite innocent of a discovery. The younger retorts sharply, and shows that his system has nothing to do with pneumatic occlusion, and that he considers the air, when properly purified, a very wholesome agent. All the three inventors wish to exclude germs—Mr. Lister, by means of powerful antiseptic fluids and careful occlusion; M. Guérin, Sr., by excluding the air altogether, and M. Guérin, Jr., by entangling the germs in his cotton-wool layer.

Powder for Producing Ozone.

Speaking of the formula for this purpose, given from Mr. Lender, in this journal, May 20th, a writer in the *American Journal of Pharmacy* says it is one of the best, but adds this caution:—In mixing these ingredients, trituration should not be used at all, but they should be cautiously mixed, with a spatula, in small quantities; and even then, if they should have been reduced to a fine powder, they cannot be mixed without danger, as the mixture is liable to explode at the moment of contact.

Shortening in Fractures.

The following statement of Dr. E. H. Gregory, of St. Louis, contained in his report in the *Transactions* of the Missouri State Society, embodies a truth which both the profession and the public should recognize:—

Shortening is inevitable in all fractures, as reunion is not likely without new material, nor is new material simply interposed between the

divided surfaces, but the disintegration of those surfaces and their replacement by germinal tissue must occur. This, with the fact that shrinkage in new material is as inevitable as the expansion of water in the act of freezing, is quite sufficient. My assistant, Dr. Carson, has practiced the careful measurement of all fractures in the St. Louis Hospital, and finds shortening in all, the shortening seemingly in proportion to amount of injury, the latter determining the amount of new material in repair. No one expects to escape more or less deformity after injury of soft parts. Cicatricial contraction holds in every tissue of the body, bones forming no exception.

The Gouty Ear.

A review of Dr. Garrod's recent edition of his book on gout says that he has not yet associated in his experience a full, fleshy, red, tense ear-lobe with gout. It is found in persons of full habit, while the ears given here are rather the thin ear of the lean. The relations of a gouty condition with disease in the kidneys are more strongly brought out in this than in previous editions. The chapters on the origin, pathology, and morbid changes are good, and that on treatment is well deserving of careful study. Guaiacum is strongly recommended.

Remedy for Dandruff.

The *American Journal of Pharmacy* says:—A French physician recommends to apply a solution of chloral hydrate containing 5 per cent. of the latter, by rubbing from ½ to 1 ounce into the scalp by means of a sponge, and repeating it every morning. A slight burning sensation and reddening of the scalp occurs, disappearing after two minutes. If the hair had fallen off in consequence of the dandruff, it will be renewed in about a month.

Poisonous Hams from Cincinnati.

Professor Bouchardat, of Paris, in his capacity as member of the Council of Hygiene and Salubrity, lately brought to the notice of the authorities that certain preserved meats, imported from foreign parts, were not only unfit for human food, but that in many cases they were even positively dangerous, as they contain poisonous substances. Thus, in a report submitted to the Prefect of Police, M. Bouchardat pointed out that in a specimen of ham, said to be imported from Cincinnati, the ham was enveloped in a cloth saturated with a yellow substance. This yellow substance has proved to be composed of the chromate of lead, a most deadly poison. It was suggested by the report that particles of the yellow substance may become detached, and be mixed up with the alimentary substances vended by grocers and others, and thus run the risk of poisoning those who make use of them. By a decree from the police, the substances so enveloped were seized and buried underground, and future supplies are to be treated in a similar manner. M. Bouchardat suggests that, if the American purveyors prefer to have a yellow envelope around the alimentary substances they export, the chromate of lead may be substituted by any other yellow substance—turmeric, for instance, which is known to be entirely harmless.

Correspondence.

Prurigo of Gestation.

Ed. Med. and Surg. Reporter:—

A peculiar case came under my observation a few months ago. It was the lady's second pregnancy, and about the eighth month. She first began to complain of intolerable itching over the most prominent portion of the abdomen, which grew daily more rough by the enlarging papulæ. It spread rapidly till about the entire surface of the body was covered, being worst on the abdomen, shoulders and arms. It finally involved the scalp and face, and also the feet. Fortunately the patient had great force of character, and abstained from scratching. According to her own words, she feared the intolerable itching would drive her to madness. I assured her the affection was a neurosis dependent on her condition, and that it would disappear at parturition. The prediction was verified, to the patient's great relief.

The distention of the abdominal muscles was very great, which may be accounted for by the appearance at birth of a pair of healthy twin boys, aggregating fourteen pounds and a quarter.

I may add that I used almost every remedy except tobacco and electricity, both externally and internally, but with very little benefit to the patient. Saline purgatives, liquor potassæ, anæsthetic lotions, carbolic acid, hydrocyanic acid, and zinc unguents were alike ineffectual.

The warm bath, with castile soap, afforded her temporary relief. To this she was obliged to resort every few hours, night and day, for several weeks preceding full term. As many as four times in one night did she arise from bed and take her bath, which was each time followed by an hour or more of refreshing sleep. The skin

of the face and other parts of the body was congested and somewhat thickened, and the hair of the head fell off in the course of a few months, as after a severe fever. The patient had a good "getting up," and has fully recovered. The children are unusually vigorous, clean and healthy. A. D. BINKERD, M. D.

Karns City, Pa.

[In cases similar to the above, chloral has almost invariably proven of value. It may be rubbed up with glycerine or water.—ED.]

NEWS AND MISCELLANY.

The American Association for the Cure of Inebriates

Will hold its seventh annual meeting, at the Hall of the College of Physicians, Philadelphia, September 26th, 1876. Sessions to commence at 10 A. M.

Papers on the following subjects have been announced:—

"Causes of the Increase of Inebriety," by Dr. George M. Beard, New York city.

"Insanity and Inebriety Contrasted," by Dr. Joseph Parrish, Burlington, New Jersey.

"Inebriate Asylums and their Management," by Dr. D. G. Dodge, Superintendent New York State Inebriate Asylum, Binghamton, N. Y.

"Epilepsy and its Relation to Inebriety," by Dr. E. P. Mann, Superintendent of Ward's Island Hospital for Insane.

"Duration, Mortality and Prognosis of Inebriety," by Dr. T. D. Crothers, Assistant Physician New York State Inebriate Asylum.

The address of the President, Dr. T. L. Mason, of Brooklyn, N. Y., will be delivered in the evening.

Other papers and reports of great interest will be read.

The medical profession are especially invited to attend.

Yellow Fever at Savannah.

The epidemic of yellow fever at Savannah, though not severe, has shown its usual fatality. The last of August about twelve interments a day were from that cause. Everything in this disease depends on treatment: wisely treated, it is rarely fatal; carelessly or ignorantly managed, nearly always so.

The Savannah *News* of September 11th says:—

"The fever appears to be gradually making its way from the eastward, and cases are reported as far west as Habersham street from that portion of the city. In the meanwhile it has jumped across to the western and southwestern portions of the city, where it seems at this time to be more fatal than elsewhere, and is progressing westward. Besides this, cases are scattered throughout the city, particularly in the section from South Broad street south, and between Jefferson and West Broad. We repeat what we have heretofore said, that those who are in the city are calm, and that there is no excitement. There is a great deal of distress among the poorer classes, but the efforts of the Benevolent Association and citizens generally are doing much to relieve it. Contributions are being received from other places, and they are gladly accepted. From information gained by the Benevolent Association, it appears that the prevailing sickness is assuming the various milder types of fever. Robertsville is reported as being very sickly.

"Our physicians are working bravely in the cause, and many of them have but little rest, answering every call with promptness. How long they will be able to keep up under the present pressure it is difficult to say.

"Four fatal yellow fever cases are reported among the colored people."

American Pharmaceutical Association.

This body commenced its twenty-fourth annual meeting, in Philadelphia, on Tuesday, September 12th, at 3 P. M. The members are combining business and pleasure. On Wednesday and Friday they visited the Exposition, and inspected the pharmaceutical exhibit. On Thursday, Saturday, and Monday of the succeeding week, meetings were held at the College of Pharmacy. On Tuesday an excursion was made to the Switchback. The session was an unusually full one, and much business of importance was transacted.

Artificial Limbs.

There are no more artificial limbs to be issued to Union soldiers. The following is official information on this subject:—

"WAR DEPARTMENT,
SURGEON GENERAL'S OFFICE,
WASHINGTON, D. C., September 12, 1876.

"SIR:—Your application for the value of an artificial limb has been received and placed on file.

"The appropriation for this purpose for the present fiscal year being already exhausted, it will be impossible for this office to take any further action until Congress shall have appropriated the necessary funds. Very respectfully, your obedient servant, J. K. BARNES,

"Surgeon General United States Army."

A Hospital in a Crater.

The Board of Physicians of the Neapolitan Hospital for Incurables have determined to build a hospital in the crater of Solatana, lying between Naples and Pozzuoli, in Southern Italy. The vapor that arises from the crater has been found to be charged not only with sulphur but also with arsenic, and it is said that several persons suffering from lung diseases have been restored to health by inhaling this vapor for a few weeks.

The American Leech Trade.

One of the oldest American leech dealers has been interviewed by the correspondent of a cotemporary. His opinions are as follows :—

"The American leech I believe to be utterly valueless. I have received fine-looking specimens from Mississippi and Pennsylvania, but I found them wholly worthless. They are far inferior to even some European varieties of the hirudo decora, which cannot easily be induced to bite unless blood be drawn to excite them. I consider six Swedish leeches equal to at least one hundred of any American variety. Those exported to America are generally full of blood, and at Rhode Island there are immense purging ponds in which the newly-arrived leeches are placed, and left to digest their last meal. Until it has been perfectly digested they are useless. These ponds belong to Mr. Witte, who does nearly all the importing for American leech doctors, and he charges an extra price for the ponded leech, because the leeches must remain at least a year in the purging pond. It takes a year for them to get rid of one good meal. The leech can live on almost nothing ; its vitality is absolutely prodigious ; it has been known to live in the human stomach, and to make its home in the human intestines. They live to a prodigious age, from fifty to one hundred years. But it is a curious thing that they are constitutionally delicate creatures. If deprived for a considerable time of clay or turf to burrow in, they are liable to disease. They are carried off by epidemics peculiar to leech life, some of which appear to be skin diseases. I have to nurse them pretty carefully, and when I find one leech sick I put him in the leech hospital. A milk diet frequently restores sick leeches to perfect health."

The Medical Profession in Russia.

A correspondent of the London *Chemist and Druggist* writes from St. Petersburg :—

"The medical profession in Russia, in the persons of their most eminent and active members, are not only noted for their zeal in following the progress of the various improvements, discoveries, and inventions in the science of medicine abroad, but likewise take an active part in them themselves. Latterly, several inventions in connection with surgery have been made by Russian surgeons, which have arrested the attention of foreign specialists, but as the manufacture of chirurgical instruments is not sufficiently advanced for carefully carrying out these inventions, the inventors are compelled to have recourse to foreign makers. This is the case also with many indispensable apparatus and appliances used in hospitals, the medical sections of universities, and in private practice. Among the manufacturers of surgical instruments in Russia may be noticed the establishment of the Medical Department of the Ministry of War. It has existed for over a century, and is the last remnant of an entire system for supplying Russia with surgical instruments and appliances. As long ago as 1830 the Government deemed it necessary for their purpose to establish workshops in connection with the Government apothecaries' shops, of which there were several in the capitals and in the towns of the interior, and at Tobolsk, in Siberia. However, with all this, surgical instruments continued to be imported from Stockholm, London, and Dantzig, but principally from Paris. From an old catalogue, which has been preserved, of the instruments of the Chirurgical Arsenal of the Medical Chancellerie, as it was called, for the year 1759, it would appear that the business in those days was in an unsatisfactory state. In time all the Government workshops were abolished, and now only one remains, the St. Petersburg establishment, in which the principal extensions and improvements were effected in 1820, but more especially between 1840 and 1845, when the German surgical instrument maker, Kleinsang, from Würzburg, in Bavaria, undertook the management of affairs. From that time the Government factory has served as a kind of model or school, where private workers can learn the various improvements introduced in the manufacture of surgical instruments in Western Europe. Foreign surgical instruments are now imported chiefly from Paris, London, and Berlin, but more especially from the former town, preference being generally given in Russia to surgical instruments of French manufacture."

Inventiveness of Suicides.

The great truth that private enterprise is more productive than any government supervision can be, is happily illustrated by the information, for which we are indebted to a French writer, M. Camille Debans, that while individuals have discovered one hundred and seventy-four different ways of committing murder (exclusively of the regular medical profession), the governments of the world, civilized and uncivilized, have hit upon no more than fifty-four different ways of inflicting the death penalty.

Items.

—"Roots, Erbs and Medacle barks" is a New York sign.

DEATHS.

OWENS.—Sunday, September 3d, at 7 P. M., at the residence of her brother, Jno. W. Morton, M. D., near Waterford, Mississippi, Mary E. Owens, aged 38 years, 2 months, 8 days.

BIRTHS.

PENNELL.—Born, on Thursday, September 7th, 1876, a daughter, to Dr. W. W. and M. M. W. Pennell, Nashville, Ohio.

THE

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Communications.

THE GENERAL PATHOLOGY OF ASTHMA.

BY C. W. CRAM, M. D.,
Of Scranton, Pa.

I well remember the satisfaction felt, when, several years ago, the opportunity of reading the lectures upon dyspnœa, of the late Dr. Hyde Salter, was presented, in the columns of the London *Lancet*. There was in them so much of an original type, and so much of an apparent scientific mould, that the eminent author at once took a strong hold upon my esteem.

His demonstrations left such a clear impression of the different forms of dyspnœa upon the mind, that it seemed to me a new era in the diagnosis of chest-diseases had dawned upon us. And it was with this feeling of interest in Dr. Salter that I subsequently read his extensive monograph upon asthma. Some of my earliest recollections were of this disease, as it presented itself, in its worst form, in the person of an uncle who endured its tortures for some forty years. Consequently I was fully prepared to consider carefully anything this popular author had to offer as to its pathology or treatment.

And so I read, pondered, and doubted; and this doubt related to his theory. It was not possible for me to discover, in the assumed spasm of the circular fibres of the bronchial tubes, any adequate cause for the leading phenomena of an asthmatic paroxysm. The lapse of time has only added strength to the impression on my mind that, in this particular, Dr. Salter was in error. Against his conclusion you will allow me to give the facts that have influenced my mind. I shall consider them under four heads.

1st. Lung necessity.

2d. Anatomical and physiological analogy.

3d. By contrast—conditions seen in real spasm of lung tissue, bronchi, trachea and larynx, against the conditions seen in the supposed asthma spasm of the smaller bronchi.

4th. Therapeutics of asthma.

I.-I hope to be able to prove that lung necessity has been amply provided for, and upon the same plan that is exhibited in every other portion of the bodily structure.

Let us look at asthma as it appears in one of its paroxysms. We find the patient suffering great distress; his facial expression indicating the extreme of agony, with dyspnœa that is peculiar and alarming, the respiratory forces being largely unbalanced; with the chest walls distended to their utmost capacity, with inability to talk or cough, and a weak, compressible and irregular pulse. This is a fair outline of the leading abnormal conditions that exist. The chest dilatation, with the restriction placed upon the power to talk and cough, are the distinctive features of the group; and they are clearly and decidedly pathognomonic. The ribbed walls of the thorax are expanded to their utmost capacity, the muscles of extreme and forced inspiration are brought into excessive action, and all the powers of the system that can be brought to bear are concentrated in efforts at respiration. Now this array of pecu-

liar chest symptoms attendant upon one of these paroxysms is unknown to any other disease; and if we can account for them upon a rational basis, we shall be in a fair way to arrive at their true pathology.

Dr. Salter, in an effort to account for the chest expansion in connection with his spasm theory, claims that it exists from the largely increased action of the inspiratory muscles, particularly those of extreme inspiration, from the fact that air is admitted to the bronchi, but excluded from the vesicles by the spasmodic contraction of the circular fibres of the smaller tubes. He enunciates as a law, that when any fault in the respiratory system excludes a part of its atmospheric supply, and increased lung action cannot remove it, but slight effort is made in that direction—the effort being measured by the amount of relief that can be afforded. And this, from the clear fact that to do more would only increase the difficulty by adding an increased demand for oxygen in proportion to the muscular effort at relief.

The law is exemplified in cases where the air is partially excluded in the region of the larynx, when, as a rule, respiration is easy but prolonged, because lung power is not commensurate with the means required for the removal of the difficulty. On the other hand, when air is admitted freely into the immediate vicinity of the lung structure, but its access to the air vesicles more or less impeded, as in bronchitis, particularly capillary bronchitis, then increased lung action compensates largely for the obstruction, and the respiratory acts are at times increased to threefold their normal frequency.

If this law does exist, and is applicable in such cases as are above cited, and worthy of being carefully considered in the formation of a diagnosis in cases generally where dyspnœa enters as an element to be considered, I none the less hold that it is not applicable in asthma; that it will not account for the chest dilatation, as claimed by Dr. Salter, and that he has overlooked certain facts which appear to preclude the possibility that this condition can rest upon such a basis. Against this claim, that the great expansion of the chest is due to the tugging of the inspiratory muscles, in order to get air through the spasmodic tubes, I offer the following facts:—

1st. The trouble is not in getting air into the lungs, *but in getting air out of the lungs.*

This is clearly the case, from the fact that during the paroxysm, when the air, in expiration, is expelled from the lungs, *the act is much prolonged*, and evidently from a loss of power on the part of the forces concerned in the action, as there is almost absolute inability to talk or to cough.

2d. That while the inspiratory muscles are all acting forcibly, there is no deficiency, but an excess of air present; its increase in amount over the normal quantity in health being nearly in direct ratio to the expansion of the chest walls and the descent of the diaphragm; and the feeling of impending suffocation is not from want of oxygen, but from an excess of carbonic acid, which the crippled expiratory power is unable to expel.

Were any one to doubt the presence of this excess of air, the greatly-increased resonance elicited upon percussion of the chest-walls should remove the doubt.

The apparently-increased action, then, of the inspiratory muscles is not to secure more air, as claimed by Dr. Salter; for the urgent need of the system is to escape from the abundance already distending the lung-tissue and holding in itself, in excess, an irritating and poisonous element in the form of carbonic acid gas.

3d. While it is now certain that there is an excess of air present, it is equally certain that the amount of oxygen is much greater than the carrying capacity of the lungs can accommodate during an asthmatic paroxysm.

In a state of health there is an equipoise between the circulatory and respiratory systems. In disease, this is often changed; at times by an obstruction to the former, and at other times to the latter supply. In asthma it occurs in connection with both; the circulatory system being deranged by a loss of balance between its two divisions—a deficiency of blood in the arterial system, this system being oppressed, upon one hand, by the inaction of the venous blood, and upon the other, by the crippled condition of the left side of the heart, from the lack of impulse imparted by the rhythmical elevation and depression of the chest-walls; and the venous system unbalanced, by having an excess of blood, and this blood made noxious by holding an excess of carbonic acid; and these the direct result of the pulmonary stasis that is incident to the extreme lung expansion with which a proper aeration and movement of the blood is impossible.

This complicated disturbance is seen in no

other disease than asthma; and the abnormal conditions presented in the air supply movement, and the blood circulation, with its altered condition in the arterial and venous circuits, stand to each other as cause and effect. In the lung structure the air, when there is normal movement, not only supports animal life by oxygenating and decarbonizing the blood, but its presence affords an amount of pressure that is important not only to the lungs but the other internal organs of the body. In asthma we have an increase of this pressure, but from the inaction of the thoracic walls the capillaries of the pulmonary artery, ranging between the air vesicles, retain their fullness of carbonized blood. The result is the back-action of the blood upon the right side of the heart, and the overloading of the whole venous system. This blood, thus retained, is, to a certain extent, practically withdrawn from the general circulation; and the arterial system gives evidence of the loss by its weak, irregular, and compressible radial pulse. Now, as the arterial blood supplies the oxygen for the use of the tissues, and as this blood is circulating in much less quantity than in health, it follows that the amount of oxygen called for is equally less.

The want of this element that exists in the whole body we are not to take into account; but simply that portion that is represented by the carrying capacity of the arterial circulation in an asthmatic paroxysm, because the law of Dr. Salter, upon which he founds the claim that the chest dilatation is due to increased inspiratory action, is, "that the action shall be proportioned to the relief that can be afforded." Now, having found that the restricted lung action can give to the arteries only a part of the aerified blood to which in health they are entitled, if we measure the inspiratory action by the rule of Dr. Salter's own application, we shall find that, instead of an increase, there will be a decided decrease of effort on the part of the inspiratory muscles.

If the spasm theory is true, we should, when measured by the same law, have the same chest expansion from forced inspiratory action in capillary bronchitis, the occlusion being at the same point of lung entrance. And in pneumonia, where the air has access to the very mouths of the vesicles in the implicated lung structure, we would expect to find the expansion greater than in asthma. Yet no such condition exists.

By these facts I conclude that either the law above referred to or the spasm theory is incorrect; and as experiments have proved that the power in forced expiration is greater than that of forced inspiration, I conclude that spasm of the circular fibres of the bronchi would not serve to expand the chest walls to their greatest capacity, and hold them there for days, but, on the contrary, would tend to exhaust the lungs of their surfeit of air, and depress the chest walls down to the level of the residual air. So I believe the error to exist in the spasm theory.

In this I am confirmed upon the further study of lung necessity. One of the best established facts in physiology is the necessity of the continual elimination of carbonic acid in expiration. To check this process is hazardous, and to suppress it through a space of three or four minutes will generally inflict a death penalty.

That this elimination receives a serious check in asthma becomes a certainty when we consider the non-depression of the thoracic walls, the powerless condition of the voice, and the inability to cough, expectorate, or sneeze, powers that are wholly associated with the expiratory process.

Unable to avoid this view, I am forced to the conviction that the difficulty is one that primarily and completely destroys the ordinary expiratory power; the inhibitory factor being a paralysis of the bronchial muscles, the circular fibres of the smaller bronchi, and the lobules of the lungs; and that the chest expansion is the result of the comparatively permanent contraction of the unopposed muscles of forced inspiration.

The theory of paralysis has before been advocated, but only in reference to the bronchial tubes. This is the position taken by Dr. Walshe, in his work on the "Diseases of the Heart and Lungs." But I claim that the paralysis not only involves these bronchial muscles, but must necessarily involve, more or less, the whole respiratory apparatus, from the larynx to the lung lobules. Dr. Salter, in opposing the theory of paralysis of the bronchial muscles, dismissed it summarily, and adopted the views of Dr. Budd, as urged in his paper on emphysema and asthma.

These views hold that it is impossible for these muscles to constitute an element in expiration, as their fibres are those of the organic

system, while all the forces of inspiration are of the animal, or voluntary system. Hence, they could not oppose each other and have harmony prevail in their action. But such a view does not seem tenable in the presence of certain facts. The nerve supply to these bronchial muscles is given off from the pneumogastric, which is a mixed nerve, a large portion of its motor force being under the control of the will.

As already stated, Dr. Salter held that the bronchial muscles took no part in expiration. But Drs. Radcliffe, Hall, Haller, Reisseissen, Elliotson and others, hold to the contrary; and a careful survey of the anatomy of the trachea and bronchi indicates that the latter view is correct.

The transverse fibres, extending across the posterior part of the trachea from the extremity of one horn of its cartilaginous ring to the extremity of its fellow on the opposite side, clearly contract the ring when acting, and thereby lessen the capacity of the tube transversely.

The longitudinal fibres, not antagonistic, but coincident in their action with the transverse fibres, situated upon the posterior portion of the tube at a right angle with the latter, tend, in their action, to lessen the capacity of the tube longitudinally. Hence, in the conjoint action of these muscular fibres we have the air, or mucous, or extraneous matter, as the case may be, forced through the larynx just as the transverse and longitudinal fibres of the bladder, acting together, force the contents of that viscus out through its sphincter. The same adaptation of muscular fibres, running at right angles to each other, is seen in the uterus, in its body and fundus; and they act together in the expulsive efforts of that organ. This reasoning, in view of lung function as it exists in expiration, clears my mind of doubt regarding the bronchial muscles.

The question now arises—How is the air forced out of the lung tissue into the bronchi and trachea? If we admit that there is musoular contractility in expiration from the larynx to the smaller bronchi, does it not follow of necessity that this contractility extends into the lung tissue, involving the air vesicles of the lobules? The absolute necessity of the lungs seems to demand this, even more than the bronchi and trachea. Without such power we are unable to see how they can unload the system of its animal debris in the exercise of their excretory function. Then, in addition to this, is the power necessary to meet the requirements of the voice and of expectoration? Whence do they come? The general reply to this will doubtless be that the air is pressed out of the vesicles by the recoil of the elastic tissue. The theory has long held a place as one of the fixtures of medical acquirement, that the chief factor in expiration is the elastic recoil of the lung tissue. But this elasticity simply implies passive action; and can the uncertainty that usually characterizes such passive action meet the urgent needs of functions of such vital importance? It appears impossible.

As Dr. C. J. B. Williams, Donders, and others, have proved, by careful experiments, that the lung tissue is contractile, we feel well justified in repudiating the old theory, and in recognizing in its place an action largely muscular, and presided over by motor and sensory fibres from the pneumogastric nerve; for with such a distribution of motor force to the air vesicles of every lobule in the lungs we can understand the efficiency of independent lobular action, which must often occur, particularly where mucus or any foreign substance partially occludes the minute tube that leads to the lobule.

Thus, I claim that lung and systemic necessity absolutely requires that the respiratory apparatus be endowed with motor power throughout its extent, from the roots of the tree to the leaves of its branches; that it is so endowed, and that the paralysis of this power furnishes the morbid phenomena of asthma.

II. This fact we will now more fully demonstrate by anatomical and physiological analogy.

In connection with matter and energy in the physical world, there is a law of compensation of which we should never lose sight. All the evolutions of matter are governed by it. Man has successfully applied it in the construction of the pendulum, the power of which over the machinery of the clock is, to some extent, analogous to the rhythmical lung movement over the general organism of the body.

All admit that on the side of inspiration are powerful voluntary muscles, chief of which is the diaphragm; while expiration, which has more varied and important work to perform, has, according to the prevailing theory, no other force equal to that which exists in the recoil of its elastic tissue.

The inspiratory muscles are extensors; they lift and extend the chest walls. Are there no antagonizing muscles to flex these walls? I hold that there are, that this opposing flexor force is in the lungs themselves, which are practically hollow muscles, serving a double purpose in the economy of the respiratory system, as does the atmospheric air, the one being subservient to lung elimination in its muscular contraction in expiration, while the other furnishes means for blood oxygenation and the use of the voice.

This view becomes clear when we consider the experiments by which lung contractility has been proved, the inability of the elastic tissue to meet the requirements, and the motor character of the nerve supply to the apparatus involved. And then, if we examine the elastic tissue in the trachea and bronchi, we shall see that it is simply adaptive, that its passive force in the recoil is brought into action in inspiration, not in expiration; and if we take note of its position in the lungs between the lobes, the lobules, and upon the surface of the lungs, it is evident its action must be the same. We have the same arrangement in the fibrous tissue of the iris, the delicate fibres being largely packed in bundles, as in the elastic tissue of the trachea, where they run parallel with the longitudinal muscular fibres; yet their action is simply adaptive; the force that contracts and dilates the pupil being distinctly muscular. So it is in the arteries, the elastic tissue giving strength, and furnishing support, while it is wholly subservient in action to the muscular fibres. But perhaps the best evidence that the function of this tissue is one of support and adaptation, that other portions of the anatomy may more effectually perform their work, is seen in the transparent cornea, where, by a peculiar arrangement of the elastic plates, there is no contraction through a whole lifetime, unless the plates are torn from their attachment, when the fibres contract and the plates roll up.

Let us now consider the nerve supply to the lungs, for by this we may determine with much precision the process involved in their functional action. This supply is from the pneumogastric, and by an appeal to this important nerve we have disclosed to us five very important facts—

1. A branch of this nerve, the superior laryngeal, confers motor power on one of the muscles of the larynx.

2. Another branch, the inferior laryngeal, confers the same motor power on the muscles that take part in laryngeal action.

3. The constrictors of the pharynx and œsophagus, by which deglutition is effected, receive their motor power from this nerve.

4. The peculiar movement of the stomach, by which digestion is accelerated, is produced by motor power furnished to the muscular coat of that organ by this nerve.

5. A large portion of the motor or contractile power of the heart is supplied by this nerve.

Here we find that motor or contractile force is given off to every organ, as far as is known, that is supplied with its fibres. Hence, the conclusion appears inevitable that, lung necessity demanding it, their supply is the same.

Dalton, in giving the physiology of the pneumogastric, says that, "in connection with the lungs, it has been studied chiefly as a nerve of sensation." But experiments have proved that this property is not possessed by them in any unusual degree; hence, as a certain number of sensitive fibres accompany all that are of motor character, it follows that the chief portion of the supply to the lungs is motory.

Now this important nerve, although nominally one of the cranial group, receives all its motor fibres outside the cranial wall, its sensory fibres alone coming directly from the medulla oblongata, the motor fibres being furnished by the spinal accessory, hypoglossal, facial and first and second cervical nerves.

It will be remembered that Dr. Salter denied the expiratory character of the bronchial muscles, because their fibres were organic or involuntary, while those of the inspiratory muscles were voluntary. Yet it will be seen that the origin of the fibres supplied by the pneumogastric to these muscles is from the same section of the cervical cord whence originate the fibres that supply the muscles of inspiration. Consequently the objection is without foundation for support.

It has been found by experiment, that when paralysis is produced by severing a motor nerve having sensitive filaments distributed to a mucous surface, the normal secretion of that surface is at once arrested, but followed immediately by an increased discharge wholly abnormal in character, the paralysis apparently instituting a profuse *excretion* in place of the natural secretion of the parts. This fact is of great importance when considered in connection

with asthma and the two diseases so often connected with it.

Considering the lungs as a double flexor muscle, it is easy to see what the result will be in case of its paralysis; for I hold the law to be invariable, that when the equilibrium established by antagonized muscles is disturbed by paralysis of one muscle, or set of muscles, there is an immediate excess of action in the other, its antagonist; and the bony lever, or soft tissues, whatever it may be to which the muscles are attached, will be carried away from a median line to the side where the muscular force still retains its nerve supply intact. This is exactly the condition that exists in a paroxysm of asthma; the chest walls being carried out beyond the line of ordinary to that of forced inspiration, and held there; and we claim that it is absolutely impossible for this condition to exist upon any other basis than paralysis of the bronchial muscles and lung lobules.

This condition of divergence from a median line by paralysis of a muscle or set of muscles, is well seen in facial paralysis, where the mouth is drawn to one side. It is also distinct in strabismus, ptosis, torticollis, the wrist-drop of lead-poisoning, and particularly in the lower limbs when paralysis of the extensors gives rise to contraction of the flexors, the result being the forcible flexing of the leg upon the thigh.

The foregoing are not all the facts that indicate that paralysis has unbalanced respiratory action in asthma, for we find additional proof in the study of pulmonary emphysema, in regard to the pathology of which we have had at least three distinct theories. When Lænnec, upon the theory that the forces in inspiration were greater than those of expiration, claimed that the distended air cells in emphysema were occluded, and unable to expel their contents, the air became heated to expansion, the theory seemed plausible, and was by many adopted. But Dr. Gairdner, holding opinions exactly the reverse of those of Lænnec, in regard to the respiratory forces, advanced the theory that certain air vesicles expanded as others became collapsed; that there was no difficulty in the expulsion of a plug of mucus that might occlude a small bronchial tube, but when expelled it would be at once returned by a counter current of air, when, acting as a valve, the air would become exhausted in the vesicles, and their collapse occur as the result. Then other vesicles would be called upon to do an increased amount of work, and doing that work, would become permanently expanded. While the theory of Jenner was based upon the supposed inequality of pressure produced by the thoracic walls in expiration. These different theories are, in my view, incorrect, and necessarily so, from a misconception of lung power having been formed and advanced, under the ban of elasticity.

Yet it is a fact worth noticing, that no spasm theory, such as obtains in asthma, has ever been broached; for the conditions of lung and chest expansion, and expiratory insufficiency, and the auscultatory sounds, with the complication of bronchitis, are just what we have in asthma, save that emphysema is more limited as to the amount of lung structure involved, but more permanent as to time.

We know that emphysema, except the senile form, is almost invariably preceded by asthma, and so common is this connection, and so similar the abnormal appearances between them, that asthma may be looked upon as the acute and emphysema the chronic condition of the same pathological lesion. The paroxysm of asthma is, as a rule, self-limited, yet often recurring, the delicate structure of the air vesicle suffers. Continually put upon the stretch, their minute fibres lose their vitality, and disintegration, to a certain extent, follows. And that the innutrition and ultimate decay of these fibres are the result of the paralysis and over-distention of these vesicles during the asthmatic paroxysms we cannot doubt, for no fact is better established than the relation between the normal exercise of function and healthy nutrition; and as emphysema so often follows, but never precedes, asthma, it does not seem difficult to reach a conclusion in the premises.

In accord with the idea of expansion from paralysis, is a case mentioned by Dr. Williams,* where certain vesicles were largely distended beyond a constriction produced by a pleuritic band of adhesion, this constriction undoubtedly cutting off largely the nerve and nutrition supply.

Of the same import is a case of thymic asthma reported by Dr. Armstrong,† in which an enlarged thymus gland pressed heavily upon the vagic nerves. Death followed an asthmatic

* Braithwaite, part 45, p. 74.
† Braithwaite, part 24, p. 90.

paroxysm complicated with convulsions. Morbid anatomy, carnification of posterior portion of both lungs, with pale condition of larynx and trachea. The head was not examined; had it been, the cause of the convulsions would, perhaps, have been there, as the large vessels of the neck were nearly occluded by the pressure of the gland.

That the asthmatic symptoms that had existed for weeks were associated with paralysis of the pulmonary apparatus from the continued pressure on the vagi, is evident from the pale condition of the larynx and trachea, while the solidification of the lungs was probably such as occurs from the paralysis which follows the section of the vagi in the lower animals.

Recent experiments of Brown-Sequard* exhibit the fact that when there are injuries to the base of the brain we often have pulmonary hemorrhage, œdema and emphysema, and that the latter will occur even when the injury is sufficient to arrest respiration, and certainly this can be explained upon no other hypothesis than paralysis.

Rindfleisch,† in considering the morbid condition of the lungs in emphysema, is forced to the conclusion that the lack of nutrition always follows, but never precedes the distention. This is in consonance with the fact that paralysis always restricts nutrition in muscular or contractile tissue. In addition to the paralysis we have two morbid conditions that are a direct outgrowth of it, and of which there is an intimation by Rindfleisch; first, the vesicular fibres are put upon the stretch; second, the excess of air and non-depression of the chest walls are inhibitory to the circulation of the bronchial arteries and their capillaries, from which nutrition is derived.

Now, as all of these adverse conditions are found in paroxysmal asthma, we can clearly see how the recurrence of the paroxysms for months and years tends to exhaust these delicate fibres, and fit them for the permanent paralysis of emphysema.

Hence, as asthma and emphysema, in a vast majority of cases, stand to each other as cause and effect, the vesicular expansion being the same, save that it is temporary in the one and permanent in the other, it must follow that, as the lung or vesicular expansion in emphysema is clearly due to paralysis, the expansion of the same tissue in asthma is from the same cause. And that emphysema is more limited in the amount of lung involved, does not at all invalidate this conclusion.

I will now pass from the analogy between these two diseases, to that which exists between asthma and the peculiar condition of the lower animals, when their pneumogastric or vagi nerves have been severed. No adherent of the spasm theory will claim its existence in this case, when the motor nerves that supply the bronchial muscles have been severed in the middle of the neck. Yet, when this vivisection has been performed on a dog or cat, the condition that follows is apparently identical with what we see in a paroxysm of asthma. Yet we know with certainty that there is no spasm, but absolute paralysis in the bronchial tubes.

Dalton,* in reference to the section of the fifth nerve, says: "If, however, the fifth pair itself be divided, not only is general sensibility destroyed in the Schneiderian membrane, but a disturbance begins to take place in the nutrition of its tissues, by which it is gradually rendered unfit for the performance of its special function, and the power of smell is finally lost. The mucous membrane, under these circumstances, becomes injected and swollen, and the nasal passages become obstructed by an accumulation of puriform mucus."

According to Longet, the mucous membrane assumes a fungous consistence, and is liable to bleed upon the slighest touch.

Now, these are the conditions that pertain to nasal catarrh:—The swollen condition of the mucous membrane, exudation of blood, accumulation of mucus in the nasal passages; the mucus surface often denuded of its membrane from innutrition in its chronic cases, with the sense of smell and sensation gone. I have a patient under treatment for this disease, in whom it is of long standing, and in the right nasal fossa, which is most involved, a camel's-hair brush can be passed deeply into the cavity, without exciting the least sensation in the parts, so complete is the paralysis of the sensory nerves.

Here, then, are certain conditions that exist from paralysis of the fifth nerve. The same conditions essentially exist in the lungs and bronchial tubes when the vagi have been severed, as already stated, when, of course, absolute paralysis exists. And in asthma we have the

* London *Lancet*, April 1871, p. 192.
† Pathological Histology, p. 387.

* Human Physiology, fourth edition, page 439.

same swollen mucous membrane, and the mucus streaked with blood (bronchitis), when, in chronic cases, lack of nutrition and destruction of alveolar walls occur, when emphysema supervenes.

Now, can we doubt that this bronchitis of asthma bears the same relation to the pneumogastric that the nasal catarrh does to the fifth nerve?

Another feature in asthma is the peculiar wheezing sound, which is heard in no other disease save emphysema, and in a paroxysm of asthma, where we can exclude the other disease, it becomes pathognomonic. Dr. Salter attempts to account for it by the claim that it is the result of air forced through the spasmodically constricted tubes of the smaller bronchi. But there are two facts which appear to exhibit this conclusion as an error: first, it is not the sharp, clear-cut sound that we should have if air was forced through a well defined stricture caused by spasm of the circular fibres; second, the encroachment upon the capacity of the same tubes at the same point, in their transvere diameter, which occurs in capillary bronchitis, gives rise to no such sound. But paralysis, as already stated, enables the inspiratory muscles to make powerful traction upon these tubes by the chest expansion; and the secondary forces of expiration, chiefly the abdominal muscles, being still intact, the chest walls are, to some extent, depressed at each expiratory effort. Now, in ordinary expiration, when all the powers of movement are well balanced and in normal action, the movement is a wave of contractile force beginning in the air vesicles and involving successively the contractility of the smaller, then the larger bronchi, and then the trachea and larynx.

In asthma this continued contractile power is lost; and when the abdominal muscles depress, to some extent, the chest walls, and press a portion of the surfeit of air upon the smaller bronchi, these, being powerless, are not able to receive and transmit it properly; and not being able to contract, they cannot adapt themselves to the lessened space between the root or base of the lung and the bronchi periphery at each expiratory effort; consequently they bend upon themselves, when their lax sides falling together, the sound is produced as the air is forced through between them.

(To be Continued).

TREATMENT OF INFLAMMATION OF THE NERVOUS CENTRES AND THEIR APPENDAGES, AS IT OCCURS IN INFANCY.

BY H. NYE, M. D.,
Of Enon Valley, Pennsylvania.

Allow me to submit to the many readers of your valuable REPORTER, for their consideration, my views in regard to the treatment of cerebritis, spinal meningitis, cerebro-spinal meningitis, and other diseases of the nervous centres and their appendages, essentially inflammatory in their character, as they afflict children. Without dwelling on the nature or symptoms of such diseases any further than is necessary to illustrate and make plain the rationale of my treatment, I will begin by saying that I rely principally upon nauseating doses of tincture of veratrum viride (Norwood's) to control the heart's action, and so put a stop to the inflammatory process. To allay irritation, relieve pain and secure sleep, I give chloral hydrate in sufficiently large and repeated doses to secure the desired results, while to promote absorption and restore the structures to their normal condition, and at the same time to counteract any vestige of inflammation still remaining, I would apply a blister from the occiput to the sacrum, from an inch and a half to two inches wide. This, with warm bathing, attention to the condition of the bowels, stomach and gums, worms, and other sources of irritation, constitute my treatment of such cases.

Now, as to the rationale of such treatment, my experience has led me to think that there is no remedy more reliable, to check the pulse, put an end to convulsions having their origin in the nervous centres, and secure quiet rest, than nauseating doses of tincture of verat. viride, say one to five drops, repeated every hour till it produces emesis. While the pulse has been reduced from 150 or 120 to 70 or eighty per minute, the inflammatory action is suspended and cannot again be renewed so long as the heart has all it can do to keep the blood in circulation. Active inflammation cannot again assert itself, so long as the heart has not power over and above what is necessary to keep the blood circulating normally throughout the system. Now, if the heart's action can be controlled in this way, until the tendency to morbid or excessive action in the nervous centres is removed, nothing fur-

ther than a careful regimen and proper nursing will be necessary to restore our little patient to health. But we sometimes find that such heroic treatment is too prostrating, and has to be suspended in order to give the system time to recuperate, and in the meantime we may have many of the symptoms of the disease, such as opisthotonos, thirst, fretfulness, sharp screaming and sleeplessness, return, and contribute each their share in wearing out the strength of the patient. In just such cases chloral hydrate proves a most valuable auxiliary. Its property of reducing the amount of blood in the nervous centres, after a very short period of hyperæmia, makes it the most valuable of all our hypnotics. It should be given in doses large enough to keep the little sufferer quiet, not solely for the purpose of relieving pain and securing sleep, but for its curative effect. In other words, for the purpose of diminishing the amount of blood in the brain.

If this treatment should not be sufficient to check the disease and remove all the most dangerous symptoms, particularly the sharp screaming and the opisthotonos, in six or eight hours, recourse should be had to vesication throughout the entire length of the spine. As to how vesication exerts its influence on the morbid action, I leave wiser heads than mine to conjecture, but that it does in many cases exercise a controlling influence over inflammatory action, no close observer who is not prejudiced, I think, will deny. Such is a general outline of my treatment, of late, with results much more satisfactory than before.

REPORT OF A CASE OF ATROPIA POISONING.

BY T. E. MURRELL, M. D.

Read before the College of Physicians and Surgeons, Little Rock, Ark.

Wm. Barry, aged 40, an inmate of the Ladies' Benevolent Hospital of this city, was under my treatment for granular lids, with ulcer of right cornea. Under my directions he was taking three times a day thirty drops of a mixture of tincture of iron and quinia, and using a four-grain solution of atropia in his right eye. He kept the two bottles near his bed, and, without my knowledge, administered them to himself, which I supposed was done by the hospital nurse.

On Sunday, July 9th, I received a message to come to the hospital at once. On arriving I was told that Barry had taken his medicine immediately before eating his dinner, and after a hearty meal lit his pipe, remarking how well he felt, and that he would "now have a good smoke." In a little while, dropping his pipe, he placed his hands to his head and said that a queer feeling had come over him, and at once went and laid down on his bed. The hospital attendants could get no satisfactory information from him after this. It was about an hour after he had taken the medicine when I first saw him, and some half-hour after the symptoms came on. I found him with flushed face, full, strong, hard and bounding pulse, almost stertorous breathing, with much somnolency, and great impairment of all the senses. When aroused and raised up he would look wildly around, and when addressed in a loud voice would mutter some incoherent words. There was great muscular tremor, and muscular weakness, particularly of the lower extremities, insomuch that he was unable to stand when aroused, although at the same time he exhibited considerable strength in his arms. He passed his urine involuntarily.

I first tried to administer an emetic, but, owing to the difficulty of deglutition, could not get him to swallow enough to produce emesis. I called to my assistance Dr. Lenow, who, with his stomach pump, succeeded in thoroughly emptying his stomach. We now gave hypodermic injections of morphia, half a grain every hour, until he had received two grains, with ammonia and whisky internally, which he could only be forced to swallow, in small quantities, by throwing his head back and holding his nose while the medicine was placed in his pharynx with a spoon. It was with the utmost difficulty that he could be kept aroused. We resorted to dashes of cold water, flagellation, rolling on barrel, and walking, or, rather, dragging, between two men. Although there seemed so much muscular prostration, whenever his nose was held and the medicine put in his pharynx to swallow, it took two stout men to hold him, and as soon as this was over he would relapse into the same stupid condition as before. I inferred from this that swallowing gave him great pain. This treatment was kept up from two until ten o'clock P. M., when he was able to stand alone, showed much less drowsiness, talked incoherently, noticed what was said to him, and gave evidence of very

ludicrous hallucinations. Thinking him out of danger, I now left him, with two men to watch him, and to notify me in case he got worse.

He was kept awake all night, and the next morning, at 7 o'clock, I found him in his right mind, and, as he said, feeling very well, except that he was very sore, from the muscular exercise he had gone through. He was unconscious of anything that had transpired, from the first effects of the medicine until he recovered, some eighteen hours. His troubles did not end here, however. For several days he suffered very much from dysuria, which was relieved by flaxseed tea and Hoffman's anodyne.

I could never get any witness to his taking the atropia solution, and now he thinks he took out of the same bottle as usual, but the evidence warrants a mistake, and the symptoms and result of treatment go to prove the correctness of the diagnosis. He also remembers his throat feeling very dry before he became unconscious, which, together with the other symptoms and sequelæ, is unmistakable evidence of atropia narcotism. Thirty drops of the solution would have introduced into his system about one-fourth of a grain of the sulphate of atropia, which, no doubt, was absorbed when I first saw him.

Medical Societies.

PROCEEDINGS OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Reported expressly for the Medical and Surgical Reporter, by G. L. Wilkins, M. D.

Ergot.

Dr. A. B. Arnold. While the physiological effects of ergot are well understood, yet there are certain noted points that we shall take occasion to briefly refer to.

Notwithstanding all the facts to the contrary, there are some who are disposed to doubt that ergot will originate or accelerate uterine contractions. It is well known that this drug has for years been used in various parts of Europe, by midwives, for the purpose of increasing the pains and hastening delivery. It is equally well known that abortions are of more frequent occurrence in those localities where the bread of the inhabitants contains a certain quantity of spurred rye; but here, habit may serve to explain the want of uniformity in its action. Experiments made on animals demonstrate that ergot will bring on premature labor, and it is occasionally taken by females to produce abortion; yet there are many who are disposed to give a negative importance to these facts. If we are governed by most authorities on this subject, we may safely conclude that ergot will produce uterine contractions; but, inasmuch as its peculiar influence is exerted through the nervous centres, it is likely to prove most effective at the end of the full period of utero-gestation, at which time the nervous centres are in a condition approximating that produced by the physiological effects of ergot, and hence they are more susceptible to its influence.

It may be questioned whether ergot will have the same effect in the non-parturient uterus. I think we are justified in concluding that it will not, although I will not assert that it is always inert or useless.

Of late years ergot has been used to assist in the expulsion of sub-mucous fibroids of the uterus, and as these tumors are always associated with more or less irritability of the uterus, I think, for the reasons above given, that it offers very fair chances of success.

As regards the influence of ergot as a hæmostatic, I believe the profession very generally admit its value. As a result of a series of experiments made on animals, Brown-Séquard concludes that it controls hemorrhage through its peculiar influence on the unstriped muscular fibre. The hæmostatic value of this medicine is illustrated in a number of diseases of the uterus in which hemorrhage constitutes a prominent symptom. In this connection I will mention an anomaly in the occurrence of hemorrhage after the administration of ergot. A lady, aged twenty-two, has for the past three years had a small intra-mural fibroma. As the tumor was not pedunculated, there was no opportunity for enucleation, consequently ergot was given for its supposed influence on uterine fibroids, when it was found that the hemorrhage, which had heretofore been moderate, returned with still greater violence, and persisted until it was discontinued. This fact is in accordance with the observations of Schroeder, who says that, in opposition to the recognized efficacy of ergot, a case will sometimes arise where it will increase hemorrhage. This appears to be due to unequal contraction and rupture of the vessels in the congested mucous membrane, or sometimes to the fact that strong contraction of the uterine muscular tissue compresses the bleeding mucous membrane.

Ergot has been highly lauded in hæmoptysis, especially by Anstil, but, as far as my experience goes, I have not been favorably impressed with its value in this form of hemorrhage. The experiments of Brown Séquard demonstrate that the peculiar influence of ergot is mainly directed to the lower segment of the spinal cord, therefore the inference may be drawn that ergot will be the most effectual in hemorrhage from those parts that take their nerve supply from the lower part of the cord. According to my experience, ergot is most valuable in post-partum hemorrhage and hemorrhage threatening abortion or premature labor.

From its affinity to produce contraction of

the blood-vessels of the cord, it is also indicated in certain forms of paralysis, as dribbling of the urine, a form of paraplegia or reflex paralysis from a disturbance of the genito-urinary organs, etc. For the reasons before given, its therapeutical effects are not applicable to diseases of the brain.

Dr. Erich. I am inclined to explain the exceptional cases where hemorrhage follows the administration of ergot to either the bad quality of the drug or to insufficient administration. If Dr. A. would try five or ten grains of Squibb's watery extract in the form of a suppository, I think he would find it more satisfactory. When ergot is first given it will sometimes produce an increased flow, by the contraction and the expulsion of the increased amount of blood from the over-distended uterine vessels, but if it is persisted in after this it will be found to arrest the hemorrhage. Notwithstanding the fact that ergot will produce contraction of the uterus, it will prevent abortion. For abortion to take place, two indications must be met: relaxation of the cervix and contraction of the fundus. Ergot, by producing regular contractions of the fundus and controlling hemorrhage, at the same time prevents dilatation of the os, and in this way I have often succeeded in preventing abortion. In labor it is given at a stage where dilatation has so far progressed that the contractions of the fundus counterbalance the resistence in the os.

Dr. Lynch suggested that the hemorrhage in Dr. A 's case might be due to constriction of the base of the tumor, thus causing congestion and exudation in its summit.

Dr. Leibman. I have met with several cases where ergot has apparently increased the hemorrhage in abortion, and at times in a very violent manner. In one case, the hemorrhage could only be controlled by the administration of morphine.

Dr. Evans. The want of uniformity in the action of ergot leads me to the conclusion that it has no especial influence in producing contractions of the uterus, its influence as a motor stimulant of the uterus being only exerted in the same sense as quinine, brandy, or other diffusable stimulants.

Dr. Cathell. I must dissent from the opinion of Dr. Evans. It is the experience of most all physicians that it will not only produce contractions of the uterus, but that it will produce contractions sufficiently peculiar to distinguish them from the ordinary pains of labor. The contractions caused by ergot are characterized by their painfulness and by their tetanic or continuous character, scarcely any interval of repose occurring until the effects of the medicine have passed away. I have given ergot in atonic conditions of the uterus, with the effect of immediately bringing on contractions, and terminating an otherwise prolonged labor, and I have never found labor-pains to return unstimulated after they had once ceased.

Dr. Arnold. History, experimental investigations and experience all demonstrate that ergot will produce uterine contractions. It is well known that " dry gangrene " is caused by extreme contraction of the blood-vessels ; and Brown-Séquard has proven, by the hæmatometer, that the blood-vessels are measurably contracted under the influence of ergot.

Dr. John Morris. It is singular that when a great majority of authors warn us of the danger to both mother and child that may result from the indiscriminate use of ergot, and the great necessity of caution and judgment in its administration, any one should doubt that it has a special influence on the uterus. I think the weight of experience proves beyond peradventure that it is a most valuable excito-motor stimulant of the uterus, acting through its influence on the lower part of the spinal cord.

Editorial Department.

Periscope.

Physiology of the Nerve Centres.

The following are Dr. Brown-Séquard's recently promulgated views :—

1. As regards localization of function, a great many facts lead to the view that the nerve-cells endowed with the same function, instead of forming a cluster, so as to be in the neighborhood of each other, are scattered in the brain, so that any part of that organ can be destroyed without the cessation of their function. It makes no difference whatever whether the distance between nerve-cells employed in the same function is a small fraction of a millimetre or very much greater, as in either case their communications with each other must take place by conductors (nerve-fibres), the length of which is unable to interfere with the function.

2. Each half of the brain is a complete brain originally, and possesses the aptitude to be developed as a centre for the two sides of the body, in volitional movement, as well as in all the other cerebral functions. Still, very few people develop very much, and perhaps nobody quite fully, the powers of the two brains ; and, on the contrary, in most persons

only one of these two primitively similar organs acquires great power for certain actions, and the other for other actions.

3. Communications between the body and the brain can be more or less fully accomplished by means of a very much smaller number of conductors than would be necessary according to any view like the well-known clavier theory. As we know that the will only gives an order, and as we know by clinical facts that any part of the medulla oblongata can be destroyed without paralysis, and that in some cases a very small portion of it has proved sufficient for the persistence of voluntary movements, it would seem that the order may be transmitted as well by one fibre as another, and that it is necessary to recognize the existence of faculties of a much higher order in the nerve-cells of the spinal cord than those which are admitted to exist there. Many facts and a similar reasoning tend also to show that the nerve-cells of the spinal cord possess, as regards sensibility, faculties of a higher order than those which are admitted.

Mercury in Injuries to the Eye.

Mr. W. Spencer Watson has these remarks in the *Medical Times and Gazette*, of London:—

It sometimes happens that after an abrasion of the cornea, and especially after lime accidents, the iris becomes rapidly affected, hypopyum forms, the margins of the pupil become tied down by adhesions, and atropine fails to expand it. Now, it is very important in such a case to distinguish between the hypopyum due to escape of pus from between the corneal layers into the anterior chamber, and the condition of iritis with effusion of plastic lymph into the anterior chamber from the anterior surface of the iris. The appearances are nearly similar, so far as the color and position of the effused lymph or pus are concerned: in either case there is a yellowish deposit, with a distinct upper straight limitary surface, lying in the lower part of the anterior chamber; but in the case of purulent keratitis there is also a very distinct effusion of pus in the substance of the cornea, generally occupying a considerable proportion of its area, perhaps as much as one-quarter or one-third of the whole corneal surface, and very much obscuring the view of the pupil. On the other hand, when a wound or abrasion of the cornea is followed by iritis with effusion of lymph or pus in the form of hypopyum, but without suppurative keratitis, the greater part of the cornea remains clear, the site of the wound itself being the only nebulous or opaque portion, and this being free from the peculiar yellowish aspect of purulent effusion. It is in these latter cases only that mercury should be given, and it should be so given as to affect the gums as rapidly as possible, atropine being used simultaneously, and applied frequently and steadily. Mercurial inunction, and calomel and opium in the form of pills, will be the best form of giving the mercury as a rule, but the oleate of mercury is perhaps a still more efficient and rapid means of affecting the system. There is no object in producing salivation. If the gums are just rendered spongy, the iritic adhesions will always give way under atropine properly applied, and it is then time to substitute iodide of potassium for the mercurials.

In very aged or very debilitated persons this plan of treatment will not succeed; but I have almost invariably found that the form of hypopyum *without* suppurative keratitis only occurs in the comparatively vigorous, whereas in the debilitated and ill-fed suppurative keratitis is the most common form, and the hypopyum is a later symptom, due to escape of pus from the corneal layers into the anterior chamber. In these cases, good nourishment, tonics, and soothing local applications are the most important remedies, and mercurials are contra-indicated.

As a general rule, therefore, hypopyum appearing early after injuries to the cornea as a concomitant of acute iritis is an indication for giving mercury in such a way as to affect the gums rapidly; but when hypopyum occurs subsequently to, or as an associated symptom with, suppurative keratitis, mercury should be withheld, and tonics and good nourishment relied upon as the chief remedial agents. In other words, when iritis is the prominent feature, give mercury; when keratitis, tonics. Atropine is equally appropriate in either, and if used early after the receipt of an injury, prevents the question of mercurial treatment arising, by securing an early dilatation of the pupil and keeping the muscular tissue of the iris in a state of rest little favorable to that of inflammatory action. It is very remarkable that, after injuries caused by lime or other corrosive substances being thrown into the eye, there is a much greater tendency to iritis with effusion of plastic lymph in the form of hypopyum than after any other kind of injury—except, perhaps, those penetrating the cornea. Hence a knowledge of the history of the case will often be some guide as to the propriety of giving mercury; for where, from the local symptoms, we might derive only doubtful indications, the history of a lime accident would decide the point in most cases.

Persistence of Sensibility in Divided Sensory Nerves.

The *Lancet* states that MM. Arloing and Tripier have recently made some important investigations on the persistence of sensitiveness in the peripheric extremity of divided sensory nerves. They find that this sensibility may be demonstrated in carnivora, solipedes, and rodents. In all instances, and they have found it to exist in the branches of the fifth, and in the nerves distributed to the limbs, the sensitiveness of the peripheric end is due to the presence of nerves, the connection of which with the trophic and perceptive centres has not been interrupted by the section. When these

nerves happen to be absent the peripheric extremity of a divided trunk is no longer sensitive. The nerve-fibres in question proceed from the fifth pair, in the case of the facial from the adjoining nerves, and from those of the opposite side of the body in the case of the ordinary sensory nerves, and from neighboring and homologous nerves for the nerves of mixed function. The recurrent nerves run up to a variable height in the trunk of the nerve with which they are associated, and their number diminishes in passing from the periphery toward the centre. The loop or point of recurrence of these fibres may take place before the termination of the nerves, but usually occurs at the periphery.

On Wry-Neck.

On the occasional forms of this trouble, Dr. A. J. Steele writes, in the *Transactions* of the Missouri State Medical Society, 1876:—An adult exposed to a cold draft of air, as from an open window, falling especially upon the neck, may have an attack of cervicodinia, a painful affection of the muscles of one side of the neck, to relax which the patient holds his head awry. This so-called muscular rheumatism is usually a transient affair, but may become chronic, and thus occasion permanent deformity, designated *torticollis rheumatica*. In the acute stage, the treatment should be, internally, salines and possibly quinia; externally, hot anodyne fomentations, the continuous galvanic current and hypodermic injections of atropia. In the chronic form, guaiacum internally, and friction and galvanism locally, will relieve the stiffness of the muscles and allow the head to assume its more normal position. Assistance can further be gained by faradizing the lengthened muscles, thereby increasing their contractile power.

There is another adult affection to which this region is subject, termed *torticollis spasmodica*, in which, when fully developed, the head is subject to constant twitchings, being drawn to the side of the disturbed muscles. For a time the muscles of the sound side resist, and restraighten the head, but as weeks or months go on, this contest is seen to be unequal, and the healthy tissues become permanently relaxed, not even replying to the strongest will effort, and the wry-neck becomes fixed. During sleep, or lying down with the head supported, or under anæsthesia, the jerking ceases; while on the other hand, whatever disturbs the general health, or causes emotional excitement, increases it, as also does physical exertion. The contractions are often accompanied by pain. This condition may be but one aspect of a more general nervous affection in which the muscles of the face, or of the shoulder, or of the arm, or of deglutition, or of the leg, are involved, but it is the rule that the muscles of the neck only are affected. No constant or general exciting cause can be given for this spasmodic condition, nor are we familiar with its primary cause.

Electricity exerts a decided influence on the parts, and has been employed with marked temporary benefit. Its rule of application is this: To the contracted muscles the continuous current, inducing relaxation; to the elongated muscles, the faradic, or interrupted galvanic current, causing powerful contraction. Subcutaneous injections, both of morphia and atropia, afford temporary relief; the latter conjoined with the internal administration of bromide of zinc has effected cures. The wearing of an apparatus is judicious, in that it gives surcease to the twitchings for a time. Neurotomy, though occasionally successful temporarily, has not furnished the good results that might be expected.

Pleural Effusions and their Treatment.

Dr. Ringer, of the University Hospital, ~~as reported by the *British Medical Journal*~~, says:—

As to tapping, it was formerly reserved for extreme conditions, but now we aspirate, either to assist absorption, or to save the lung. Hence it may be done early, say when the chest is half full of fluid. The febrile state may last twenty-five or thirty days, we need not wait till it is over. The effusion contains so much albumen as to be practically a bleeding, and should be stopped as soon as possible. After an early tapping, I have known fever to continue a fortnight without fresh effusion. We may classify cases into those with simple serous effusion and simple purulent effusion; either may be *with* fever or *without*, and all will probably do well with aspiration. Then there are cases where the pus is fetid; if there be no high fever, give these a chance with simple aspiration; and even if there be fever, though the case then is very grave, one trial should be given to the same plan before an incision is made, for I look upon the free opening of the chest as a very serious and risky affair. The case before us has done well with a single aspiration. Examining for the results, and judging of the amount of expansion of lung, beside auscultating, etc., we look at the angle formed by the costal arch in front; in health the angle should be obtuse, and nearly equal on both sides, perhaps more obtuse on the right, owing to the liver, whilst, if the lung have not expanded, the arch will have sunk in somewhat, and the angle be more acute; the shoulder of the affected side will be lowered, and the spine, whilst often curved with convexity toward the same side during the stage of effusion, will have an opposite direction when the effusion has disappeared. Another case of pleuritis, in which five pints of serum had been removed by aspiration, was somewhat unusual, as being secondary to Bright's disease. In this form of malady the progress is usually insidious, and yet the effusion rapid. We know, from the effect of blisters in such patients, how quickly effusion may be poured out in any part. Dr. Ringer does not think it necess ry to s op the withdrawal at any definite quantity, nor does he consider cough an indication for w.th-

drawing the needle, only if much pain be complained of, or if blood begin to come.

The *Centralblatt* states that from a series of observations made during fifteen years in Frerich's wards, with special reference to operative interference, C. A. Ewald arrives at the following conclusions:—1. In cases of serous effusion in the pleura, puncture should be performed before the third week, only if life be in danger. 2. If puncture be made under exclusion of air and with previous disinfection of the instrument, no serous exudation becomes purulent. 3. The only means of determining with certainty whether a pleural effusion is serous or purulent, is an exploratory puncture. 4. Incision, with puncture, should be made as early as possible into purulent exudations. 5. The mortality after incision into purulent effusions is from 50 to 60 per cent. when they are treated according to the present plan (incision in the sixth intercostal space between the nipple and the anterior axillary line, washing out with disinfectants once or twice daily, a catheter being retained in the wound, or one or more ribs resected). 6. Sanguineous effusion (in which blood becomes mixed with the exudation in consequence of the dilatation of vessels, leading to their rupture) is always the result of malignant growths of the pleura. 7. Serous exudations do not exclude the presence of tuberculosis and cancer of the pleura.

Attitude in Heart Diseases.

Dr. Gueneau de Mussy, in a communication to the *Gazette des Hôpitaux*, points out that one of the most frequent functional signs of cardiac affections is the difficulty that patients experience in preserving the horizontal position during sleep, generally requiring to have the head raised by several pillows. Nevertheless, it is not always the case, for there are some who can bear it, and some who even prefer it. These latter are generally affected with aortic insufficience, and he explains the peculiarity thus: When the aortic orifice, incompletely closed by its valves, permits a reflux of blood to the ventricle, the reflux is accomplished under the double influence of the weight of the blood column and the contraction of the aorta. The first of these influences acts to its full extent in the vertical position of the trunk, and is almost annihilated in the horizontal, so that suppressing one of the co-efficients the inconveniences of the lesion are lessened, and a relief produced which instinctively makes the patient seek the horizontal position.

It is otherwise in lesions of the auriado-ventricular orifices; the vertical position of the trunk renders the reflux of blood into the auricle less easy, and is instinctively chosen by the patient.

In patients suffering from cardiac affections there is another circumstance which exercises a considerable, and, probably, preponderating influence on the attitudes that they choose in decubitus. It is the state of the respiratory organs. Emphysema and pulmonary congestion demand the position that leaves the greatest freedom to the parts of the lung that can respire. The relative slowness of pulmonary complications in cases of aortic insufficience is one of the principal causes that permits patients to assume horizontal decubitus; whilst in mitral lesions these complications supervene much more rapidly.

The Causes of Stone.

The *Doctor* states that Dr. Debout D'Estrees, medical instructor of the waters of Contrexéville, presented a memoir to the Académie de Médecine on the causes of stone, of which the following are the conclusions:—

Gravel formed in the kidney can comport itself in different ways.

1. It may pass from the kidney into the bladder, determining pains more or less acute, and most frequently a nephritic colic, which, according to the nature of the concretion, presents the following variations:—Uric acid gravel gives rise to pains, often so atrocious that the patient can scarcely localize them; it is the same with the oxalic acid gravel, but in this case hæmaturia is the rule, whilst it is the exception with the former. The duration of the colic is generally some hours. On the contrary, renal phosphatic gravel gives rise to crises which last often several days; the pain, although severe, is bearable, is localized to the kidney, and there is no hæmaturia.

2. Gravel develops in the kidney, and in the most favorable case does not give rise to any appreciable symptom during life; but most frequently it excites an eliminatory process which causes its expulsion externally in the lumbar region, into the abdomen, and then rupture of the tumor is followed rapidly by death; this tumor, formed by the distended kidney, contracts adherences with the intestine, and the expulsion of the gravel is accomplished per anum.

3. Renal gravel lodged in the ureter may remain there, and give rise to accidents which are always grave. They vary according as the canal is more or less completely obstructed.

4. Gravel arrived in the bladder becomes, if not expelled, the nucleus of a calculus which increases in bulk, either by the addition of elements of the same nature or by the deposit around it of other salts of urine, and in particular phosphates. This deposit will take place when catarrh of the bladder exists, accompanied with ammoniacal fermentation of urine, or when the abuse of energetic alkalies (bicarbonate of soda, carbonate of lithia, Vichy or Vals water), rendering the urine alkaline, permits the normal phosphates of the urine to precipitate. The unusual termination of calculi, which has received the name of "spontaneous fragmentation of stones in the bladder," occurs either by splitting or exfoliation.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Popular Science Monthly*, published by Appleton & Co., New York City, is one of the most highly esteemed journals of its kind in our language. It always has some articles of interest to the professional reader. In the October number we note the article of Professor Julius Bernstein, "On Observing the Interior of the Eye;" that by Professor H. Charlon Bastian, on "The Nature of the Invertebrate Brain;" "The Relations of Hospitals to Pauperism," by Dr. W. Gill Wylie, and others.

BOOK NOTICES.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M. D., F. R. C. P., Professor of Obstetric Medicine in King's College, etc., etc. With two plates and 166 illustrations on wood. Philadelphia, Henry C. Lea, 1876. pp. 576.

So just is Dr. Playfair in his prefatory remarks that we must be excused a long quotation: "Those who have studied the progress of midwifery know that there is no department of medicine in which more has been done of late years, and none in which modern views of practice differ more widely from those prevalent only a short time ago." The author's object is to give an epitome of all recent advances. He recommends only those views which, after very deliberate reflection, he is profoundly convinced are right. "It is admitted by all that emergencies and difficulties arise more often in this than in any other branch of practice, and there is no part of the practitioner's work which requires more thorough knowledge or greater experience. It is, moreover, a lamentable fact that students generally leave their schools more ignorant of obstetrics than of any other subject. So long as the absurd regulations exist which oblige the lecturer on midwifery to attempt the impossible task of teaching obstetrics in a short three months' course—an absurdity which has over and over again been pointed out—such must of necessity be the case. This must be the author's excuse for dwelling on many topics at greater length than some will doubtless think their importance merits, since he desires to place in the hands of his students a work which may in some measure supply the inevitable defects of his lectures."

Right well does the author perform his work. In clear, comprehensive language, he carries his reader forward, step by step, freely illustrating the anatomy of the parts and their relation to each other, by most excellent wood-cuts.

His subsequent chapters are: pregnancy, including conception and generation; the fœtus, signs of pregnancy, its abnormal form; diseases of pregnancy, abortion and premature labor; labor, its phenomena, mechanism of delivery, anæsthesia, various complications of presentation, etc.; obstetric operations, as turning, use of forceps, etc., closing with the puerperal state, its management, eclampsia, insanity, septicæmia, etc.

The student, and also the busy practitioner, will find here a rich mine from which he may obtain valuable information to aid him in his attendance upon the puerperal female.

We are glad to observe that the author figures the old method of extracting the placenta, by drawing upon the cord, as an illustration of what ought not to be done. The necessity of causing the uterus to expel the placenta itself is so great, this manœuvre is so beneficial, and the reverse so objectionable and dangerous, that we feel this point can never be too much dwelt upon. The whole chapter upon the management of a natural labor is by itself worth the price of the book. Indeed, authors generally seem to regard this matter of trivial importance, as though it were a thing too well known to need elucidation, while they dwell at great and tiresome length upon malpresentations, malformations, etc., matters which so rarely are encountered by the general practitioner. Particularly would we call attention to a wood-cut which illustrates better than any verbal description the proper mode of expressing the placenta.

Under the head of anæsthesia in labor, the author first speaks of chloral, the value of which, in this country at least, is now too well known to require much remark. Dr. Playfair says, "The peculiar value of chloral in labor is, that it may be safely administered at a time when chloroform cannot be generally employed. The latter, while it unquestionably annuls suffering, at the same time very frequently tends, in a marked degree, to diminish uterine action. This is a familiar

observation to all who have employed it much during labor, as the diminution of the force and intensity of the pains, and the consequent retardation of the labor, often oblige us to suspend its inhalation, etc. Chloral, on the other hand, has no such relaxing effects on uterine contraction. It cannot, it is true, compete with chloroform in its power of relieving pain, but it produces a drowsy state, in which the pain is not felt nearly so acutely as before. It is, therefore, in the first stage of labor, while the pains are cutting and grinding, and during the dilatation of the cervix, that chloral finds its most useful application. It is especially valuable in those cases so frequently met with in the upper classes, in which the pains produce intolerably acute suffering with but little effect on the progress of the labor * * * When the patient is brought under the influence of chloral, however, the pains become less frequent but stronger, nervous excitement is calmed, and the dilatation of the cervix often proceeds rapidly and satisfactorily. Indeed, I know of nothing which answers so well in cases of rigid, undilatable cervix, and I believe its administration to be far more effective under such circumstances than any of the remedies usually employed."

Dr. Playfair seems to have fully grasped this matter: he says, "the object is to produce a somnolent condition which shall be protracted as long as possible. For this purpose fifteen grains of chloral may be administered every twenty minutes, until three doses are given. This generally suffices to produce the desired effect. The patient becomes very drowsy, dozes between the pains, and wakes up as each contraction commences." A fourth dose is rarely necessary. "On the whole," he says, "I am inclined to consider chloral a very valuable aid in the management of labor, and believe that it is destined to be much more extensively used than is at present the case; so far as my experience has gone, I have not met with any symptoms which have led me to think that it has produced bad effects; and I have known many patients sleep quietly through labor without expressing any excessive suffering, who, under ordinary circumstances, would have been most urgently calling for relief."

In treating of prolapse of the cord, the author does not fail to give due credit to Dr. T. Gaillard Thomas for his recommendation of the postural treatment.

Upon the subject of the forceps, we find our author fully up to the times. He counsels the use of this invaluable aid, and regards it as eminently a conservative instrument, more particularly to the child. He regards the statement of Churchill, "that one in twenty mothers delivered by forceps in British practice were lost," as a fallacy. Drs. Hicks and Phillips clearly show the truth of this, that such results are solely due to the delay in the use of the forceps. "If we find the progress slow and unsatisfactory, the pains flagging and insufficient, and incapable of being intensified, then, provided the head be low in the pelvis, it is better to assist at once by the forceps, rather than to wait until we are driven to do so by the state of the patient."

These words have the right ring, and we are glad to receive the aid of so powerful a champion in the cause of humanity; for we cannot but feel that it is but humanity to relieve suffering by every means in our power, and we are conscientiously of the belief that the forceps should be employed much more frequently than is at present the case.

In the treatment of placenta prævia he summarizes the rules as follows:—

I. Before the child is viable, temporize, if the hemorrhage be not excessive. Rest in bed, cold astringents, etc.

II. After the seventh month no attempt should be made to prolong the pregnancy.

III. When it can be done, the membranes should be ruptured, thus favoring uterine contraction and compression of the bleeding vessels.

IV. Hemorrhage checked, leave the case to nature; if not, and impossible to turn, plug, give ergot, and use compression to the womb.

V. If, on removal of the plug, it be possible, turn, the bi-polar method being preferred. Otherwise, dilate with a Barnes bag.

VI. Instead of, or before resorting to turning, the placenta may be separated around the site of its attachment. This is especially to be preferred when there is exhaustion.

But we might continue at still greater length, so fascinating have we found this book of Dr. Playfair's. We would earnestly recommend it to all our readers as a book which should occupy a prominent position on their shelves, and one, too, which they should constantly and carefully study.

THE

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ON PLEASURE AND PAIN. I.

When SOCRATES was about to drink the cup of hemlock, and the jailer had loosed the fetters which had galled his ankles, he rubbed them with a feeling of relief, and exclaimed to his disciples: "How singular is the thing called pleasure, and how curiously related to pain, which might be thought to be the opposite of it! for they never come to man together, and yet, he who pursues either of them is generally compelled to accept the other also. They are two, and yet they grow together out of one head or stem. I cannot help thinking, that if ÆSOP had noticed them, he would have devised a fable about some God trying to reconcile their strife, and when he could not, tying their heads together; and that this is the reason why, when one comes the other follows."

Such, according to the record in the *Phædo* of PLATO, were the reflections of the greatest philosopher of Greece, on these discrepant sensations. Up to the present time, so far as we can find, no satisfactory doctrine of their relations has been taught. Something much better than an Æsopian fable has indeed been brought forward to explain them. Theories, with more or less testimony to their truth, have been adduced. Pain, says BECLARD, is an excess of the sense of touch (*Physiologie*, p. 833). It is, says another physiologist, hyperæsthesia of the sensory fibres. The lexicographers seem to have been puzzled with it. Professor DUNGLISON calls it "A disagreeable sensation which scarcely admits of definition." The *Dictionnaire des Sciences Medicales* gets over it by the convenient statement that it is so well-known that to define it is superfluous! While Dr. GARDNER, in his *Medical Dictionary*, has a still neater device. Turning to pain, we read, "Pain, see Dolor." Hunting up Dolor we have the pleasure of finding "Dolor—pain!" Professor ERB, in ZIEMSSEN'S *Cyclopædia* (vol. xi, p. 12–15), discusses the point at length, and comes to the conclusion that pain is a new sensation, experienced when excitation of the nerves reaches a certain intensity.

These quotations only show how little is understood of the origin of pain and its brotherhood with pleasure. To reach a better understanding of them, let us turn to the simplest conception of existence. It is change, motion; beyond this we cannot go. Individuality, the existence of the unit organism, this means motion in definite composition, what mechanicians call a *resultant* of motion, wherein many motions are united in a solidarity of action. But an organism is not this only, or it were merely a complicated machine. That in which it differs from a machine is in its power of keeping up its motion. This it does by the process of *nutrition*.

The first law of motion, as defined by Huyghens, and later by Sir Isaac Newton, is that *every body continues in a state of rest or of uniform motion in a straight line, unless acted on by some external force.* This law is usually said to result from "the property of inertia"—a meaningless explanation, as there is no such

property. The real explanation was hinted by the philosopher Kant, when he showed that *time* is a condition of perception, not a form of force or quality of matter, and, therefore, of itself can never influence motion, which belongs essentially to matter.

This first law of motion becomes the first law of philosophical biology, modified so as to allow the phenomenon of nutrition. In this form it is given by Auguste Comte in the following words: "*Every condition, static or dynamic, tends of itself to remain without any change, opposing itself to external force.* (*Systeme de Politique Positive.* Tome IV, p. 178.)

The new element which is here brought in is a resistance to external perturbations. In tissues this is seen in the qualities of elasticity, contractility and irritability. When the primitive motions of an organism are interfered with, these resist the interference, and that which enables them to do so is *nutrition;* the antagonizing force they expend is at once supplied by the blood up to a certain point. Beyond this nutrition cannot go, waste exceeds repair, and the primitive motions suffer loss, which, pushed to its extreme, means death of the part or system.

All external forces or perturbations whatever interfere with what we have called the primitive motions. Every movement of our bodies, all action does so. But so long as the repair is equal to the waste, the motions are strengthened by rhythmic action, and do not decrease. Hence exercise, not in excess, is beneficial.

The principle of opposition to outside influence, thus derived from nutrition, is the fundamental fact in self-preservation. As such it is confined to organism, and is a quality of it, not dependent on "inertia," nor on time as a condition of perception. Hence the famous maxim of the philosopher, Benedict de Spinoza: —"*Una quæque res, quantum in se est, suum esse perseverare conatur,*" is true only as to organic things. No *conatus* exists in inorganic life.

Thus the sentiment of self-preservation is prompted by nutrition, and to this also is referred repair and waste. Can we connect with these fundamental qualities of life the sensations of pleasure and pain? This will be the aim of our continuation of this article next week.

IS IT OUR DUTY TO HAVE SYPHILIS?

In discussing the assertion that one can have true syphilis but once, and that a first attack is protective in one's self, and even establishes a tolerance in the offspring, Professor Ricord used to propound and debate, in his peculiar serio-comic vein, the question—Is it not the bounden duty of every Christian father to contract a true chancre?

The point was taken up in all seriousness by Mr. John Wood, of London, in a debate on syphilis, at one of the societies, who maintained the cheering opinion that mankind is gradually becoming thoroughly syphilized, as well as civilized, and the former about in proportion to the latter! This, he believed, was shown by the diminished virulence of the disease as well as by the greater rarity of the true infecting chancre. He had found a disciple in Dr. Alfred S. Carroll, of New York, whose name is not unfamiliar to medical journalism. This gentleman maintains that "the preponderance of the chancroid is a matter of common observation, and it may be a question how far hereditary syphilization is concerned as a factor in this change. An interesting point of inquiry in this connection would be to ascertain the family history of patients with either form of sore. If, as I believe, the secretion from an inflamed true syphilitic lesion will produce a soft sore in a person with an acquired syphilitic taint, it seems probable that a hereditary taint may exercise a similar modifying influence: so, too, might perhaps be found a clue to some cases of 'mixed chancre.' The question in its simplest form may be thus stated: Is infecting chancre often seen in persons who have ever manifested inherited

syphilis? And this question may be worthy of an answer from future investigators."

On the other side of the question, Dr. Charles R. Drysdale writes from Paris, to the *Medical Press and Circular*, that there is in that "*lupanar* of Europe," as it has too harshly been termed, where, if anywhere, we might expect to find well established tolerance of *le mal Francais*, a decided and acknowledged increase in the true sore.

Hereditary syphilis is a comparatively recently explored domain of pathology. As yet we know only its most obvious forms. The resent researches of Dr. Jacobi and Dr. Taylor, of New York city, show fertile larvated forms in this degeneration. Its relations to struma and tuberculosis are guessed at rather than ascertained. Its agency in rendering scarlatinal attacks fatal is not proven. But it is safe to say that it is a legacy which the Christian father may well be excused from desiring to transmit to his offspring.

Meanwhile the annual effort to repeal the excellent but inadequate English laws looking to a control of the disease was made before the adjournment of Parliament, and this time again unsuccessfully, as we are glad to announce. Commenting on the attempt, the *Medical Times and Gazette* says, of these laws:—

"Everywhere we find naval and military officers agreeing as to the improved health of the troops under their care where the Contagious Diseases Acts are enforced. Everywhere, too, we have testimony to the improved physical condition of the women themselves; that is to say, where hospitals were formerly too small to admit of the mass of disease needing medical aid and attention, those beds are now more than half empty. Where formerly the women admitted were masses of loathsome disease, the cases now seen are comparatively mild, and the constitutional effects not nearly so violent as heretofore. Nothing could be more striking than the condition of the two sides of the Lock Hospital here in London after the Contagious Diseases Acts had had time to come into full working order. On the Government side of the house the cases were comparatively slight—nothing very serious was to be seen; but the fearful masses of disease on the civil side were almost beyond description."

We still hope these unanimous and repeated opinions of the leading physicians of England will have some effect in this country.

Notes and Comments.

Hyoscyamine.

The physiological action of hyoscyamine has been carefully investigated by Dr. R. Lawson, who finds that in animals it first depresses and then quickens the pulse, reduces the temperature, and that it dilates the pupil as actively as atropine. In man its effect on the brain is more distinct than in animals. The first effect is excitement, and then hypnosis. It acts also as a diuretic. His paper appears in Vol. v. of the West Riding Lunatic Asylum Reports.

The Radical Cure of Hernia.

The great frequency of hernia, and the degree of incapacity it produces, render its radical cure a surgical operation of unusual interest. The method devised by Dr. Greensville Dowell has been employed with striking success by himself and others in a number of instances, and the profession will learn with pleasure that he has written a complete *Treatise on Hernia*, which will be published in a few weeks from this office. It will be fully illustrated, and contain a full description of his operation, and also of the different varieties of trusses, methods of taxis, etc.

Ozone Observations in Paris.

Since 1865, ozone estimations have been continuously made at twenty different stations in Paris, of the results of which M. Marié-Davy gives a diagrammatic summary in the monthly report of his observatory for May last. From this it appears that, while ozone abounds toward the periphery and in the open parts of Paris, it is present only as a trace in the denser central quarters. The fact of the recognizable presence of ozone, even in the populous parts, is something to boast of. Much attention is being given to the photographic delineation of the microscopic particles of the atmosphere, as well as to the products of

culture experiments with the living organic portion; and it looks like progress in the right direction to find a systematic table of "Matters contained in the air and rain," of each month, showing opposite each day, for the period of the day and the night, the proportion, in 100 cubic mètres of air, of ozone, carbonic acid, ammonia, nitric acid, and organic matter, and per litre of rain-water, of ammonia, nitric acid, saline residue, and organic matter. Similar systematic comparative information, collected at different points in the same city, will soon supply a solid structure of fact regarding its comparative hygienic conditions.

The Questionable Value of Sutures.

Dr. E. H. Gregory, of St. Louis, has the following inquiry in a paper in the *Transactions* of the Missouri State Medical Society:—

The question suggests itself, whether, as a rule, it might not be well *not* to use sutures after amputations, or in similar wounds from other causes. In these cases raw surfaces are extensive, a variety of textures divided, more or less oozing inevitable, and the possibility of exact and homogeneous coaptation scarcely to be entertained. The observation of most surgeons must be, that in a large proportion of instances, on clipping the loops after a day or two, inflammatory products, offensive and poisonous, escape as from imprisonment, and the borders go apart as if relieved from painful tension; meanwhile there is febrile disturbance and local suffering. For our part, we think perfect rest, provision for drainage, and that position which favors relaxation and circulation, would be more in accord with the situation.

Treatment of Rheumatic Fever.

In St. Bartholomew's Hospital, London, an English cotemporary states that, in ordinary cases, Dr. Southey has had the best results from a mixture containing two grains of quinine and five grains of iodide of potassium, with a few minims of hydrochloric acid. Carefully prepared, this is clear, and agrees well. At the very commencement, if the tongue be coated and dry, a purgative and Carlsbad water, or citrate of potash, are advisable, but should soon be replaced by the iodized quinine mixture, which benefits under most complications as well as in simple attacks, relieves pain and sweating, and especially brings about a convalescence less protracted than the alkaline treatment. Taking seven days as an average duration of severe symptoms in very favorable cases, and twenty-one or twenty-seven days in other cases, three weeks have been found the average total duration in one hundred cases treated by this plan. They are not blanketed; it is considered that this only bathes them in morbid perspiration. Perchloride of iron has not given satisfactory results; and blistering is often done to excess, and without any permanent relief. Tincture of iodine is, however, a useful local adjunct.

Abortive Treatment of Erysipelas.

Speaking of erysipelas, in his recent *Beiträge*, we find Professor Volkmann recommending an abortive treatment, which consists in removing all greasiness from the affected skin with a solution of soda, and then painting it for some distance beyond the visibly diseased area with a solution of nitrate of silver, of the strength of one part to eight. The painting requires sometimes to be repeated in twelve or twenty-four hours.

Antidote for Carbolic Acid.

As this acid is now so extensively used, it may be of some importance to make known the antidotes which have been proposed. M. Ferrand advises the following:—White sugar, fifteen parts; water, forty parts; quicklime, five parts—forming a saccharate of lime.

Correspondence.

The International Congress of Ophthalmology.

Ed. Med. and Surg. Reporter:—

The fifth meeting of the International Congress of Ophthalmologists took place at Chickering Hall, New York, on the 12th, 13th, and 14th of this month. The attendance from abroad was not large, but our home representation was most creditable to the interest and enterprise of our native specialists. The total number of members registered as in attendance on the present occasion was about ninety.

The Congress was opened at 12 M. on Tuesday, the 12th, by the chairman of the committee of arrangements, Dr. Agnew, who nominated as chairman of this session, Dr. E. Williams, of Cincinnati. He was unanimously elected, and all felt that it was a fitting tribute, not only to his ability and high standing in the profession and in his specialty, but a deserving recognition of his early devotion to the science of ophthalmology, at a time when ophthalmologists in America, in the proper sense of the

word, could be numbered on the fingers of one hand.

Mr. Brundenel Carter, of London, and Dr. Hanson, of Copenhagen, were then put in nomination as Vice-Presidents, and duly elected. Dr. Buller, of Montreal, was appointed temporary Secretary, and Dr. C. J. Bull elected permanent Secretary and Treasurer, and Dr. R. H. Derby, of New York, Assistant.

After balloting on candidates, the regular scientific business of the meeting was entered into. There were two sessions held daily, from 11.30 A. M. to 1 P. M., and from 3 P. M. to 5 P. M.

Among the papers presented were the following:—

Dr. Noyes, of New York. Plastic Operations on the Lids; the Naso-buccal Flap.

Procedure for Lessening the Pressure of the Lids in Corneal Affections.

An Analysis of Eleven Hundred and Thirty-one Cases of Asthenopia.

On Conical Cornea and its Relief by Operation.

Dr. Knapp. On Orbital Tumors

Dr. Gowers, of London (through Dr. McHardy), Chronic Choked Disk.

Dr. Roosa. On the Relations of Blepharitis Ciliaris to Ametropia.

Dr. Loring. On the Halo Around the Macula.

On the Ciliary Muscle.

Dr. Gruening, New York. Tumors of the Optic Nerve.

Dr. Pooly, New York. Hemiopia.

Dr. Agnew, New York. On Asthenopia.

Dr. Jeffries, Boston. On Detachment of Posterior Synechia.

Dr. Dyer, of Pittsburg. On Gymnastic Exercises of the Ciliary Muscle in Asthenopia.

Dr. Heyl, of Philadelphia. On Coloboma of the Lens.

Dr. Nagel, Tübingen. The Metrical System in the Use of Spectacles.

Dr. Alt, New York. Sympathetic Neuroretinitis.

Dr. Burnett, Tennessee. Trachoma, as Influenced by Race.

Dr. Kipp, New Jersey. Cysticercus under the Conjunctiva.

Dr. Keyser, Philadelphia. Bony Growth in the Site of the Crystalline Lens.

Dr. Thomson, Philadelphia. Astigmatism and Staphyloma Posticum.

Besides these, several other papers were read, simply by title, and referred to the Publication Committee.

A number of instruments were exhibited to the members of the Congress, either at its regular sessions or during its recesses. Among these were: The metrical ophthalmoscope of Dr. Landolt, of Paris, and the ophthalmoscopes of Loring & Knapp, each with the metrical system, as well as the old inch system, applied in the numbering of the glasses; Dr. Snellen's phakometer; Dr. Landolt's artificial eye for the correction of physiological calculation, etc; Dr. Keyser's instrument for measuring the distance between the eyes; the lid forceps and scleral trephine of Dr. Robertson, of Edinburgh, etc.

The place of next meeting, in 1880, was not decided upon, owing to the slim attendance of European members. A committee was, however, appointed, consisting of Mr. Carter, Dr. Hanson and Dr. Becker, whose duty it shall be, after due consultation, to select a place of meeting, and appoint a committee of arrangements in the city selected.

During the Congress two receptions were given to the members—one by Dr. Agnew, and one by Dr. Knapp, both of which passed off with the utmost pleasantness. The banquet, which came off at Delmonico's, on the evening of the closing day of the Congress, was given by the members of the American Ophthalmological Society to the foreign members.

Among the distinguished personages present, outside the ranks of ophthalmology, was Mr. Walter, the publisher of the London *Times*.

The papers and subjects presented at the meetings were freely but courteously discussed, and every one came away convinced that this fifth meeting of the International Congress of Ophthalmology was in every particular a success.

SWAN M. BURNETT, M. D.

Salicylic Acid in Acute Rheumatism.

ED. MED. AND SURG. REPORTER:—

After reading many reports of cases rapidly cured by the use of salicylic acid, in your journal, and most of these reports, as is too apt to be the case, were based upon the treatment of a single case, I came to the conclusion that some of them would have got well had no treatment been employed; but, at the same time, I resolved to use salicylic acid in the first case of acute articular rheumatism I might be called to.

July 12th, 1876, at 10 P. M., I was summoned to see Mira S., aged 23; single; servant girl. Previous history—health had been good. I learned, on inquiry, that she had been ill two days, had taken no nourishment, drank occasionally a cup of tea. Slept but very little. Both feet and ankles badly swollen, the œdema extending above the knees, and the pain was very acute upon pressure and motion, both in the knees and ankle joints. Pulse 140; temperature 105°; respiration 32; profuse perspiration; tongue coated; urine scanty; countenance anxious. I ordered 15 grains of salicylic acid every two hours, until 150 grains were taken. To have as diet, arrowroot, mutton-broth, fish, milk and lime-water. Pieces of ice to quench thirst.

13th, at 8 A. M., pulse 120; temperature 104°; respiration 26. At 8 P. M., pulse 100; temperature 100°; respiration 21. The œdema of the limbs was reduced one-fourth, and the acuteness had nearly all passed away. She had taken all the powders except one. Complained of some nausea and deafness. I ordered her to stop taking the medicine.

14th, at 8 A. M., pulse 89; temperature 100°; respiration 18. Had slept most of the night. At 9 P. M., pulse 82; temperature 99°; respiration 18. I ordered the remaining powder to be divided, one-half to be taken at night, the other in the morning.

15th, at 9 A. M., the pulse, temperature and respiration nearly normal. The pain had all subsided, and the swelling was nearly all gone. She was sitting up, and she said she felt well. I saw her three days later; she said she had gone to work. I saw her again the first of this month; she reported that she had been well ever since.

I have given symptoms, so that you may judge as to the therapeutic value of salicylic acid. In acute rheumatism I do not think more complete cinchonism could be practiced with the same amount of quinine; but I do not think that this proves salicylic acid to be a specific. The disease, where no treatment is employed, ends from self-limitation; but the minimum and maximum of duration are widely apart, from twelve to sixty days. This case terminated in three days. The patient was a good one, and I tried the remedy thoroughly. Used no local applications. I am longing for some more cases to try the acid, and if, after treating several cases, I find that it proves as efficacious, or nearly so, as it has in this case, I will be as ready to add my plaudits of praise as highly in its favor as some articles I have read in your journal reported by other physicians. I must say that no remedy has proved satisfactory with me in the treatment of all cases of acute rheumatism.

F. H. CRANDALL, M. D.

Medina, N. Y.

News and Miscellany.

Business Management.

Twenty-two physicians of Meadville, Pa., and vicinity, have adopted what appears to us a sensible and proper expedient to prevent unworthy patients cheating the doctor. Their action is shown in the following resolutions:—

Resolved, by the physicians of Meadville, that we, and each of us, will, within thirty days from date, furnish our accountant, ———. Esq., a complete list of our delinquents belonging to the class referred to.

Resolved, That Mr. ——— is hereby authorized to notify each of said delinquents, by printed circular, of such delinquency, the amount of arrears, and to whom due, with the information that if these arrears are not paid or satisfactorily arranged within thirty days from date of such notice, their names will appear on the general printed black list.

Resolved, That the undersigned hereby pledge themselves not to give prescriptions, medical advice or attention to those who permit their names to appear on said black list, unless the payment of the fee shall be secured before such services are rendered.

Resolved, That nothing in the above shall apply to those who are not able to pay, or interfere in any manner with that work of charity which every humane and honorable medical man delights to perform.

Items.

—There were 21 interments at Savannah September 21st, 16 being yellow fever cases. Norfolk has sent $1000 to Savannah, and also a corps of nurses for the sick.

—Yellow fever has appeared at Charleston, a few cases being reported, but no deaths.

—Stringent quarantine regulations have been established at Augusta, Ga., against passengers from Charleston, S. C.

—The Baltimore health authorities, fearing the spread of "typho-malarial disease," prevailing there, have isolated totally the district in which the disease is located, and ordered every precaution in their power to prevent infection.

—A strange disease, causing much alarm, has broken out among the cattle in Wayne county, Pa. An insect like a tick bores deeply into the animal's flesh, causing inflammation, and, in a few hours, death. Thirty deaths have occurred from it at Hawley's, in that county.

MARRIAGES.

AUSTIN—DAVIS.—In Philadelphia, on the 19th of August, by the Rev. E. I. D. Pepper, Dr. A. A. Austin, of U. S. Navy, and Nettie V. Davis, of Philadelphia.

DOTTERER—SHELLY.—On the 20th of June, 1876, at the First Reformed Church, Race street, below 4th, by Rev. D. Vanhorn, Mr. Harry Dotterer and Miss Rebecca Shelly, daughter of A. F. Shelly, M.D., of Philadelphia.

GRAY—COLTON.—At the Church of St. George the Martyr, London, England, by Rev. Nathan Beck, on the 31st of August, Edward Gray, M.D., of California, and Miss Gertrude Colton, eldest daughter of the late Rev. Henry M. Colton, of Middletown, Conn.

HENLEN—CAMPBELL.—On Sept. 14th, 1876, at the residence of the bride's father, by the Rev. W. T. Dickson, B. A. Henlen, M.D., and Miss Thalia A. Campbell, both of North Hope, Pa.

JACKSON—CROSS.—August 24th, 1876, by Rev. J. C. McElr. e, at the residence of the bride's mother, Homer Jackson, M.D., and Miss Alice E. Cross, both of Clintonville, Pa.

PARRISH—DE LA MOTTA.—On the 6th Aug., at the residence of the bride's mother, by the Rev. W. H. Furness, D.D., Dr. William H. Parrish and Isabel N. De La Motta.

RICHARDSON—KNIGHT.—July 4th, 1876, at the residence of the bride's parents, New Castle, Coshocton Co., O., Dr. Joshua Richardson, of Fort Madison, Iowa, and Miss Maria J. Knight.

TREGO-HOPKINS.—September 5th, Spruce street, by the Rev. r. Wilbur F. Paddock, Edwin H. Trego, M.D., of Philadelphia, and Effie S. Hopkins, of Harford County, Md.

DEATHS.

PHILLIPS.—Of paralysis Wednesday, August 23, at 12.25 P.M., Dr. Geo. W. Phillips, in his 74th year.

SCOTT.—On the 15th Aug., at Coatesville, Pa., James L. Scott, M.D., aged 37.

ST. JOHN.—At New-Canaan, Conn., on Saturday, Sept. 9, Prof. Samuel St. John, M.D., in the 64th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

THE GENERAL PATHOLOGY OF ASTHMA.

BY C. W. CRAM, M. D.,

Of Scranton, Pa.

(*Continued from No.* 1022.)

III. By contrast.

Conditions seen in real spasm and tonic contraction of lung tissue, bronchi, trachea, and larynx, against the conditions seen in the supposed asthma spasm of the smaller bronchi.

All will admit that there is, in pertussis, an undue amount of nervous excitability, and that this culminates in peculiar spasmodic action, which is characteristic of the disease; and that this morbid, spasmodic action through which the cough runs is wholly expiratory.

Now, in this spasmodic action the chest walls are carried as far below the level of ordinary expiration as they are above the level of ordinary inspiration in asthma.

Hence, if spasmodic action in the expiratory forces in whooping cough empties the lungs of air to an extent known to no other disease, is it not clear that the marked inflation of the lungs that exists in asthma, and in no other disease, is from the paralysis of the same power?

The thoroughly collapsed condition of the lungs at the time of the whoop, when the reserve air has all been forced through the glottis, not only seems to be the reverse of what exists in asthma, but the indication is strong that the contractile power involved in this morbid action is chiefly, if not wholly, in the pulmonary apparatus, from the lobules to the larynx.

Another striking proof that the lung is practically a muscle, with active motor force from the larynx to the lobules, is found in the conditions incident to pleuritis. In this disease the dyspnœa is attended by phenomena peculiarly its own, and clearly in contrast with those of asthma, the chest-walls being decidedly and permanently flexed through the career of the disease, the respiration being abdominal, with the external muscles of inspiration held in abeyance. The pathology in the case is well understood, an inflammatory process existing in the serous membrane covering the lungs.

Now, the contraction of the lung volume is equally marked and permanent, as is its inflation in asthma. Let me ask what object has the vital sense of the organism in view in this persistent depression of the chest. Undoubtedly it is to take pressure from the inflamed surface. Yet it is easy to see that if this restricted position of the lungs was due to primary depression of the walls, the pressure would be increased, and the pain, so sharp and lancinating, augmented.

And it cannot be due to excessive and permanent contraction of the elastic tissue, as this is not directly amenable to volition or the vital sense of the organic system of nerves.

Where, then, but in the lungs and their tubes of air supply, can this power of restriction exist? It is evident, if we admit this power to exist, that the lungs, acting upon the inferior surface of the walls, as the diaphragm does upon the inferior border of the lungs in inspiration, draws them down to a level, where their

pressure is the least; in other words, the lungs get away from the walls, as far as possible, when, the force exerted by the lungs being kept equal to the resistance of the chest-walls, an equilibrium is established and continued as long as the necessity for it exists.

By a careful survey of the medicines upon which reliance is placed, it will be seen that they are all of a stimulating tendency, by which they arouse the dormant energies of the body, and impart fresh force to the paralyzed parts.

Among the medicines found more or less useful by different practitioners in this disease, is stramonium; and the method of its use, by taking its smoke by inhalation, is very good evidence of its stimulant action. Ringer,* in treating this subject, says: "It is better to smoke the plant unmixed, as few persons can draw the fumes of tobacco into the lungs without great discomfort." Again the same author says of the inhalation of stramonium: "It excites a good deal of coughing, but soon produces copious secretion when the fit subsides."

That is, that the stimulation produced by the irritant action of these fumes upon the sensory fibres of these parts is sufficient to impress the motor fibres, when, contracting, the mucus is expelled, and the "fit" subsides. Such, also, is evidently the action of nitre, so often used in connection with the fumes of stramonium.

In one of Dr. Salter's cases, a lady who had suffered from asthma since her fourth year always received relief from the burning of bibulous paper saturated in nitre, "save in those attacks which resulted from inflammation of the bronchi." Now in the attacks above alluded to, the sensory fibres were probably involved in paralysis to an extent that rendered them unfit to receive any impression unless from a more powerful irritant than the nitre fumes. In another case, a gentleman of middle age stated: "I have used it (the burned nitre paper) for twenty years, and when the difficulty of breathing is purely spasmodic, I am sure to get relief from it." I infer that by "purely spasmodic," is meant entire freedom from the complication of bronchitis, which, when severe, is likely to be a serious impediment to successful treatment, as indicated in the above cases. Here is, I think, the secret of many cases of failure in the treatment—the sensitive fibres being inoperative just in proportion to the extent of the bronchitis, which is, in my view, a partial, if not complete, paralysis of the mucous membrane. The effect in the treatment by tobacco, by the use of its fumes, is the same. Yet there may be a time when the muscular relaxation attending a nauseating dose of this medicine would, by breaking the strong hold of the inspiratory muscles, allow sufficient depression of the chest walls to relieve the paralyzed lungs of their forced extension; for when the traction that puts them upon the stretch is broken, they will the sooner rally and resume their functional work. In the same manner we may have, at times, the action of chloroform. And yet this remedial action, if it ever exists, is only secondary in its effect upon the disabled expiratory force. The same principle is involved, when, in the treatment of a case of wrist-drop from lead poisoning, we make use of an apparatus that maintains the hand in its natural position, by which the stretching of the paralyzed extensors is obviated.

Dr. Telford Jones* has published cases in which excellent results are accorded to the action of the nitrite of amyl in asthma; and it is a significant fact that its best effects were secured from inhalation.

Such also is the case with sulphuric ether, the stimulating effect of the inhalation being calculated to arouse all the lung power of expiration in an effort to guard the system against its intrusion.

Every practitioner who has administered this anæsthetic will recall to mind the violent efforts to repel it, all the animal powers of the body being enlisted in aid of the expiratory forces.

Not least in power to control the paroxysms of this disease is belladonna; good results generally being accorded to its action in this connection. By what action on the system is the good result secured?

I think it is attested beyond doubt that belladonna is a stimulant tonic to the unstriped or organic muscular tissue; hence the fullness with which it meets the prime indication in this disease, that of giving tone to, and reinstating the contractility of, the paralyzed bronchial and vesicular fibres, whereby they are enabled to contract upon and expel their contents of carbonized air.

By studying its action, Brown-Séquard con-

* "Handbook of Therapeutics," Second Ed., p. 375.

* *Practitioner*, October 1871.

cluded that this medicine exerted its influence largely on the sphincter muscles of the body. Its curative action in the incontinence of children might appear to sustain this conclusion. But in this troublesome complaint of children, it is not the sphincter vesicæ that is chiefly at fault, but the longitudinal or detrusæ muscular fibres.

Weakness and irritability not only involve these, but also the sensitive fibres of the mucous coat of the bladder; and owing to this condition its accumulating contents cannot be retained a sufficient length of time. Here belladonna exerts its power to "tone up" these fibres, thereby reinstating the normal balance of forces.

I next come to ipecacuanha. That this has a stimulant action, in this connection, I am fully satisfied. And in this I am supported by no less an authority than Burdon-Sanderson, who treats this disease with stimulants, and considers ipecac one of the best in his use. But as this medicine is given internally, and as it is classed as an emetic, it is well to study its emetic action, that its influence in asthma may stand in a clearer light.

In the movements that occur in emesis our best physiologists, Magendie, Flint, Jr., and others, agree that the most active agents involved in the spasmodic contraction are the diaphragm and abdominal muscles; while Beclard, Zegallois, and others, have demonstrated that the longitudinal fibres of the œsophagus are also violently active in their contraction.

Now, a condition very much the reverse of this prevails in a paroxysm of asthma, when the maximum descent of the diaphragm is attained and continued through an indefinite length of time; consequently, as soon as nausea is manifest there is an immediate tendency to break up the chest expansion and blood stasis that exist in asthma. And more. While all the bodily powers are oppressed by the retention of carbonic acid in this disease, and no possibility of an antistaltic movement to eliminate it, the sympathetic system, aided by the advantage already gained, rallies in its effort to institute renewed action in the paralyzed fibres of the bronchial muscles and air vesicles, the only means remaining for the expulsion of the poison from the system.

Herein exists, in my belief, the efficacy of all nauseant remedies in asthma.

I will notice a few of the leading remedies that have a more direct action as stimulants.

Coffee is one of these. Its stimulant action is undoubted, and that it often has a good effect in asthma is equally well established. The fact that the beneficial effect is increased when the coffee is given strong and hot, indicates the work of the organic system in limiting the career of the disease.

Another representative of this class of medicines that has been used with much success, is ammonia.

M. Guerard * met with rare success in its use when applied directly to the pharynx. He had used it in a hundred cases, the effect being immediate and remarkable. It had the appearance of heroic treatment, and physicians who saw its use, with its good results, were afraid to employ it in their own practice, because they were unable to understand the principle on which it acted.

Brown-Sequard and others have sanctioned the use of this stimulant, thus locally applied, in this disease; and its successful use is a strong proof in support of the position I have assumed.

Iodide of potassium, another medicine of great value in this disease, and of the action of which Dr. Salter changed his mind previous to his death, is also a powerful stimulant to the organic system, and in this way exercises its efficiency in the premises.

I now present the following summary.

1. The lungs constitute practically a double, hollow, muscular organ.

2. They are possessed of contractile power furnished by the pneumogastric nerves.

3. In the exercise of this power in expiration, the larger portion of their functional action is performed, viz., in the decarbonization of the blood, and in the use of the voice, in which expiratory action they are equivalent to flexor muscles, acting upon the chest walls in antagonism to the diaphragm, and the external extensor muscles of inspiration.

4. The paralysis of this power, not only in the lungs, but in the air tubes, constitutes the pathology of asthma, and the leading phenomena that result from, or are connected with, the chest expansion are incident to the excessive action of the inspiratory muscles, the antagonizing force being disabled, whereby the chest

* "Braithwaite," part 13, p. 89.

walls are carried outward, and maintained, during the paroxysm, at a line far beyond that which limits ordinary inspiration.

5. That pulmonary emphysema is a permanent paralysis of the same contractile power, involving those air vesicles that are least able to bear the severe strain put upon them in the frequently-repeated paroxysms to which the asthmatic is subjected, and in a vast majority of cases is simply chronic asthma.

6. And that the morbid condition which exists in bronchitis, so often associated with asthma and emphysema, but which often occurs uncomplicated, is the result of a paralysis, more or less complete, that involves the sensitive fibres of the mucous membrane of the air passages.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M. D.,

Assistant Physician New York State Inebriate Asylum, Binghamton, New York.

Several letters have been received from physicians inquiring about the curability of inebriety, and what evidence we have of permanent restoration.

In answer, I would state that in 1874 fifteen hundred circular-letters were sent to the friends and relatives of patients who had been here for treatment five years ago and more, inquiring into their present condition. The answers received indicated that over sixty-two per cent. were yet sober, and had not relapsed.

From this data, strong presumptive evidence is manifest of a large percentage of permanent cures. What this percentage is can only be ascertained from statistics, extending over many years, from various asylums in different parts of the country.

The present methods of following our cases for one year after discharge indicate over eighty per cent. who continue restored, and less than twenty per cent. who relapsed during this time.

A large percentage of the cases sent here are of the most unpromising character for recovery, made up largely of men that are chronic drunkards, who have tried every other means of cure, and are broken down both mentally and physically; also a class of young men who inherit degenerations and predispositions that border closely upon insanity. From such cases, who are almost incurables (without the legal power of restraint to hold them long enough), the results of treatment far exceed those of any other branch of medicine.

Two very erroneous impressions prevail concerning our work: one, that inebriety is an incurable disorder, which cannot be reached by medical means, and where recovery follows, it is from some power of the will, or moral force under the control of the patient. The other class suppose we use some extraordinary means by which an inherited diathesis may be driven away, or the craving engendered and followed by profound degenerations be destroyed and perfect health restored.

The former reason from the statements of incurables, who are always prominent in denouncing asylums, and the latter, with ignorant credulity, anticipate the most extravagant results. Intelligent physicians holding such opinions appear here as visitors occasionally.

Hardly a quarter of a century has passed since the treatment of inebriates in asylums was agitated, and a still shorter time has elapsed since the establishment of asylums. The problems of this work are many and complex, and the experience and observation of many years are necessary before we can attain completeness.

Compared with the results of the best insane asylums, built on the experience and studies of over half a century, the treatment of inebriates gives the grandest promise of any work for the welfare of the race.

Other asylums, differing in management and other minor particulars, exhibit equally flattering statistics, indicating, without doubt, the thorough curability of a large percentage of this class of patients.

The following cases are selected from a large number, as giving least promise of recovery, and as illustrating the permanence of restoration.

At present all cases are divided in prognosis into those who give almost positive evidence of recovery, those who are uncertain, and those who recover, but are subject to relapses, governed by circumstances of temptation and ill health.

Inebriety from Inheritance and Grief of Long Duration, continued Eight Years—Recovery.

H.; born in England. Father a moderate drinker; grandfather and one uncle drunkards; forefathers on his mother's side drinking people. Educated as a book-keeper. Came to

this country as an assistant in a branch of an English banking-house, a situation of much responsibility. Married here, worked irregularly, and began to take liquor to keep it up. His wife was killed by an accident, and, overwhelmed with grief, he drank to intoxication. Every week, when the work was over, he sought to drown his grief in liquor. From this time on his course was steadily downward. He finally sought to break up this craving; went to Europe, and got a situation; removed from temptation, but after a year failed, and returned. Then he went to the mineral springs of Virginia, and tried various means, without success. For the next ten years he went from place to place, growing worse, and drinking daily to intoxication when he could get liquor. Had delirium tremens twice, and became hostler at a hotel. In 1868 he was sent here, as an almost incurable case. He was anæmic, had delusions, bad memory, feeble intellect, and was partially palsied. The cravings for liquor were of the nature of insane impulses, filling him with extreme agitation and irritability; uncertain and violent.

Six months later he was discharged at his own request, and recovered, although weak. For six months following he worked as a gardener, in the suburbs of New York, and then went to his old work of book-keeping.

Two years later he became a banker in a Western city, and is now, eight years after, a cashier of a large bank. He is in good health, has not drank any liquor, has no desire or taste for it, and is firmly restored in his own mind.

Comments.—The inherited diathesis, and reaction from grief in craving for stimulants, seemed a combination of causes difficult to break up. The duration and thoroughly chronic condition of the patient when admitted gave little or no hope beyond temporary relief. Had he, when discharged from the asylum, gone back to his old employment, subject to irregularities, relapse would have followed, but the continuation of healthy living, as gardener, aided in a more thorough restoration. In all probability his recovery is permanent, although, under certain conditions of ill-health and favoring circumstances, the danger of relapse may again exist. The possibility of recovery, under the most adverse conditions, is the practical lesson from this case, only the time necessary must be commensurate to the duration and character of the case.

Inebriety from Excitement and Overwork—Recovery—Six Years' Duration.

C.; both parents temperate and healthy. Common school education. Went into his father's store as clerk when 24 years old. Succeeded his father at the head of the firm. Was temperate and led a regular life. Opened a branch store in New York, which was unprofitable, causing great loss. He visited New York often, and worked very hard to build up business, traveling in the night, and neglecting ordinary habits of eating and sleeping. Sharp rivals competed with him, and much excitement followed. He began to take liquor, and soon felt the want of it. He drank every day, and as business became worse, drank harder, and finally, when he failed, a year later, was a full drunkard.

For the next five years he drifted about, doing nothing, but drinking, growing imbecile and idiotic. His memory and reason seemed almost gone, drinking daily to intoxication. Both sensory and motor systems were partially paralyzed. Alcohol appeared to act as a narcotic, keeping him in a continual stupor.

In 1869 he was sent here, and remained nine months. Nothing unusual is recorded of his case, except a fever after admittance. When discharged, he was in good health; his memory and intellect had returned to nearly their former standard.

He engaged as a packer of goods in a large house for the first year, and then became a book-keeper; now he is a partner in this firm. He is in good health, and is working with great regularity every day. His mind and memory are fully restored, and he is positive that he never will relapse.

Comments.—This case is remarkable for the gravity of the symptoms, indicating a degree of chronicity that was almost hopeless, and yet, under asylum treatment, making equally remarkable improvement. This case may be said to be cured, for only thorough restoration could break up the profound degenerations which had begun.

Inebriety from Brain Lesion—Recovery—Four Years' Duration.

K.; of healthy parents; brought up on a farm in Vermont. Temperate and well, up to twenty-six years of age, when, in a railroad accident, he was partially submerged in a stream of water, and held by the ruins, with the prospect

of being burned to death, for over an hour, in a cold winter's night. He had but little physical injury; was laid up for four months, with a low form of nervous fever. When he resumed business again (as speculator), he had, at intervals of a week or more, insane longings for liquor. These grew upon him, and three years after he was an impulsive, constant inebriate; intoxicated nearly every day. Five years later he was very much shattered in body and mind, had delirium tremens, and drank all he could get. In 1872 he came here as a free patient, with the prospect of only temporary benefit. For the first six weeks he was very intractable, and was often locked up for days; then he began to improve. Nine months later he was taken by a relative to work in a broom-corn factory, and carefully watched and cared for during the next year. At this time, four years after, he is successfully managing a large farm, and is in good health, although weak at times, has no desire for liquor, and is quite fleshy.

Comments.—This case gives excellent promise of permanent cure, although arising from obscure injury in the brain cells, which was intensified by the degenerations from alcohol. Yet there appears to have been recuperative power in nature, aided by art, to restore the moral activity. Every year of quiet, regular living removes him further from the danger of relapse.

Inebriety from Inheritance and Nervous Irritation—Recovery—Six Years' Duration.

M.; both parents wine drinkers after meals, and luxurious livers. He was brought up to drink wine, until sixteen, when he became a cadet at West Point. Six years later he was an engineer in the service, and thoroughly temperate. At this time he resigned, and was engaged as surveyor in charge of a Western railroad, and thrown into company with drinking men. He began to drink, from a desire to be social, with no love or taste for liquor. A year later he acquired a strong craving for it. Eight years more, and he was a paroxysmal inebriate. In 1869, he was brought here, suffering from delirium tremens. His mind was filled with delusions for weeks after. He had chronic gastritis; was palsied; had also anasarca and was anæmic. He went away four months later, very much restored, although weak, and soon after procured a situation, which he retains to-day. He has been improving, and is now cured, from his statement. Has never taken liquor, or craved it.

Comments.—Like the others, this case gave little hope of cure, but the history indicated that general debility and circumstances of temptation were factors in continuing the disorder.

Inebriety from Joy, and Recovery, of Seven Years' Duration.

N.; a man of average capacity; of healthy, temperate parents; engaged in house-building. Was temperate up to 1865, when he was overwhelmed with joy at the return of his only son, who was supposed to have been killed in the first battle of Bull Run. So profound was the emotion that he seemed partially insane neglecting all business, and riding round, shaking hands with his friends, ending, after a few days, in intoxication that lasted forty-eight hours. From this time he drank to excess on every occasion, and three years later failed in business, and went rapidly from bad to worse. In 1868 his friends sent him here, and three months later he went away recovered. From that time he has been well and prosperous, and is one of the great advocates of temperance in his place.

Comments.—This case began in some profound disturbance of the brain cells, which reacted in inebriety, and forcible restraint in the asylum gave opportunity for restoration and recovery of the normal equilibrium. Nothing but treatment in an asylum would ever have been adequate to break up this condition.

Inebriety from Nervous Irritation, with Relapse.

Q., with healthy and temperate parentage; grew up a strict temperance man. Became a successful manufacturer, opened a branch store in New York, and was called there frequently on business. His associates drank wine largely at night, and through excitement and overwork he drank from imitation, soon acquiring a strong taste, which for two years he was able to control when away from this society. But at last his will was overcome, and he drank to intoxication. Ten years after, he was brought here with delirium tremens, and after a long convalescence and slow recovery, went away five months later. Two years passed, when he returned in nearly the same condition as before. He had relapsed in the same way, through overwork and social imitation. Four months later he went away, and for two years past he has been quite well,

and is very careful to avoid temptation or irregularities of living.

These cases indicate that circumstances and condition of bodily health are powerful factors in the progress of inebriety. Remove the patient from the source, alcohol, and build up physical health; stimulate the will to help itself, and restoration always follows, if not permanent recovery.

All these cases were continuous and progressive, without any pauses, from the beginning, indicating a very weak power of resistance, and degenerations that were profound, involving both sensory and cerebral centres.

Cases that are marked by halts or pauses, where the will gets the ascendency and the desire for liquor dies out, afford opportunity for nature to build up against the relapses, and are more curable.

Inebriety is curable in the same sense that pneumonia and pleurisy are curable. Restoration will follow in every case, as a rule, from the use of proper means, of which residence in an asylum is absolutely essential. The permanency of recovery depends upon the complete restoration to health and the freedom from exciting causes. The latter varies in each case, as, for instance, in one it will be excitement, or grief, and in others it is excesses of all kinds, or idleness, or prosperity, or poverty, etc.

When the causes and prognosis are better understood, the number of chronic cases will diminish, and its successful treatment will be the rule in all cases, and the failures the rare exceptions.

THE FORCEPS AS A DILATOR.

Read before the Medical Society of Alleghany County, Maryland.

BY GEO. B. FUNDENBERG, M. D.

I desire to call the attention of the Society to the value of the obstetrical forceps as a dilator in certain cases which prove a source of great annoyance to the practitioner, and sometimes of danger to mother and child. These are instances in which the os uteri refuses to dilate in such time as is compatible with the safety of the mother and child. After many hours of labor, the os has opened perhaps to the size of a quarter of a dollar, and then remains stationary, notwithstanding the use of all the known agents for promoting dilatation. The most urgent reasons may exist for rapid delivery, such as eclampsia, hemorrhage, alarming debility, and other complications. Under such circumstances, Barnes' dilators have been recommended, and incisions into the circumference of the os have been practiced. For certain cases Barnes' dilators may be useful, but their use will, I think, be found more feasible in theory than in practice in cases in which the head is closely applied to the inner os. And as regards incisions, every prudent man will prefer a method which entails no lesions and opens no wound for the entrance of septic poisons.

It is in these cases that the forceps proves its admirable adaptation to the double purpose of rapidly dilating the womb and delivering the child. And here I wish to be distinctly understood as only recommending the forceps for such a purpose in the exceptional cases above referred to, and then only in hands skilled in the use of the instrument, capable of entire self-control, and guided by a correct appreciation of the amount of strain the tissues will bear. It would be, of course, in the highest degree unwarrantable and dangerous to lay down as a rule the indiscriminate use of the forceps as a dilator; for when the instrument is introduced through an undilated os and locked upon the head of the child, the slightest want of care, the least precipitancy, may result in a laceration. But when properly used, I believe the instrument to be entirely safe, and certainly the most potent means yet proposed for speedy delivery. The forceps I hold in my hand (Elliott's) has a breadth of blade at its broadest part of one and seven-eighths of an inch, therefore you will perceive that when the first and second finger, side by side, can be introduced into the os, the forceps can also be passed with equal facility. Now, when both blades are thus introduced and locked over the head, if the tension be great, no effort will be made until the os, tested by the touch of the finger, begins to relax. A gentle effort will now, by causing the head to descend, compel the os to ascend upon the inclined plane formed by the diverging blades of the instrument, and thus by repeated and careful traction the womb is fully dilated and the child delivered. As soon as the os has ascended to that part of the forceps at which the fenestra begin, the head comes into play as a dilator, and touching the inner os, assists materially. Both the instrument and the head, used in this manner as

dilators, imitate nature in this, that they both operate from within outward; and have this advantage over all other methods, that they have nothing uncertain in their operation, but are completely and definitely under the control of the operator as regards the progress of the dilatation.

Three cases have occurred to me, quite recently, which illustrated the value of this procedure. The first, to which I have adverted in a former paper, was that of a primipara, who was seized with uræmic convulsions within a few days of her expected confinement, and in whom, in order to expedite the labor, I dilated with the hand until the forceps could be introduced, and then finished the delivery in less than an hour after their introduction; thus avoiding many hours of delay, at a time when the rapidly-recurring convulsions rendered every moment precious.

My second case was also a primipara, in whom forty-eight hours of labor had only produced a dilatation large enough to admit two fingers. In this case, as the patient was showing signs of alarming exhaustion, and had a rapid and irregular pulse, with incoherence of mind, I introduced the forceps, and finished the labor safely in less than an hour.

My third case was a multipara, living fifteen miles from town, who had been in labor under the care of a midwife for forty-eight hours. She had severe pains, recurring every few minutes; the os, dilated to the size of a quarter of a dollar, was hard and unyielding, and contracted with each pain. I placed her under the full effect of chloroform for half an hour, and assisted dilatation gently with the hand, and at the expiration of six hours the os admitted two fingers. Being compelled to go home, and unwilling to leave the woman undelivered, I introduced the forceps, dilated, and delivered within an hour.

In none of these cases was there any laceration, nor any subsequent inflammatory reaction. It may appear to some gentlemen an unwarrantable procedure to introduce a forceps into the womb at such an early stage of labor; but, much as I deprecate "meddlesome midwifery," I believe that every practitioner must at last be the most competent judge of his own practice in each individual case. And in a profession as full of progress as ours, we need feel no uneasiness if that progress sometimes, to the slower-going part of the profession, appears to lead toward apparently hazardous practices.

A CASE OF UNUNITED FRACTURE OF THE TIBIA TREATED BY DRILLING.

BY R. M. LACKEY, M. D.,

Of Maywood, Ill.

The report of a case of ununited fracture, by my worthy friend, Dr. Dibrell, of Little Rock, Ark., in a recent issue of the REPORTER, moves me to relate a case treated by another method with equal success.

Richard Lawrence, an Englishman, 26 years of age, while walking on the railroad track, was struck by an engine and severely injured; a train coming up behind him, without his knowledge, the cow-catcher struck his right leg, about midway from the ankle to the knee, producing a fracture of both bones and comminuting the tibia greatly, and forcing the fragments through the skin in front, causing extensive laceration. The comminution was so great that I was enabled to remove several fragments, from a half to an inch in length, which were entirely or almost entirely detached. On the posterior aspect of the limb, where the cow-catcher struck, the tissues were so bruised as to slough away, leaving a deep ulcer.

The man also suffered from severe concussion of the brain, produced by the head striking the cross beam of the engine, which, together with his other injuries, left little hope of his recovery.

The limb was placed in a fracture-box and the bones adjusted, after removing some of the sharp points which projected from the two fractured ends of the tibia, and which were denuded of periosteum. It was five or six days before the patient fully recovered from the shock and concussion. After the recovery from these, however, the case progressed well for five weeks, when the flesh wounds were nearly healed, and some bony deposit had taken place. About the beginning of the sixth week, on visiting my patient one morning, I found that during the night he had had a severe chill, which convulsed him so violently as to separate the fragments and do great injury to the wound. Following this, he had an attack of bilious remittent, which was broken up as speedily as possible; but he afterward had frequent attacks of chills and fever, which seemed to defy ordinary remedies and doses, and greatly retarded the progress of the case.

At the end of twelve weeks there was a firm bony union of the fibula, but only ligamentous

union of the tibia. Frictions were used daily to the limb, a plaster-of-paris dressing was applied, and he was allowed to move about some on crutches, and bear some weight on the fractured member. No improvement resulted from these measures, and at the end of eighteen weeks I determined to produce bony union by drilling the bone, after the method introduced to the profession by the late Professor Brainard.

The "Brainard drill" is, I presume, familiar to every surgeon, and I need take no time in giving a description of it here. It was employed for many years, and in a large number of cases, by the inventor, with scarcely any failures. Other surgeons have used this method with like results, notably Professor Powell, of Rush Medical College, who informed me that in the large number of cases in which he has employed the drill there have been no failures, except in cases where adverse conditions or circumstances existed, which would have caused failures, no matter what method of treatment had been adopted.

In this case I performed the operation of drilling by entering the drill an inch above the seat of fracture, in front, and directing it obliquely downward and backward, so that the instrument would traverse the upper fragment, the ligamentous deposit between the ends, enter the lower fragment, and emerge an inch below the fracture, on the posterior aspect of the bone.

The drill was entered again at the seat of fracture, and two holes bored transversely through the ligamentous deposit.

The member was then dressed as in cases of simple fracture, and he was kept still for six weeks; at the end of the sixth week bony union had taken place, and at the end of nine weeks he was up and about on crutches. In a few weeks more he laid aside crutches and canes, and went to work at his trade, a plasterer. The limb is without deformity of any kind, and perfectly strong.

With the uniform success attending this method of treating ununited fractures, I could scarcely be induced to resort to any of the other methods in use.

In Dr. Dibrell's case, where he resorted to exsection and wiring, I believe his silver wire was entirely superfluous, and the excision of the cartilaginous deposit unnecessary, had he bored through it instead. The drilling was, in my opinion, what did the business, and the result would have been the same had the wire been dispensed with.

In the operation of drilling no incision is needed, ordinarily, and no conisderable violence is done to the soft parts. The drill is made to penetrate the soft parts, and enter the bone at the proper point without difficulty; and should it be desirable, as it frequently is, to drill more than one hole, it can be done without withdrawing the instrument from the soft tissues, but only from the bone, and then starting it again in a different course. The puncture made by the drill usually heals up in a few days, and seldom suppurates.

SUCCESSFUL TREATMENT OF ENLARGED SPLEEN BY HYPODERMIC INJECTIONS OF ERGOT.

BY DR. J. J. JONES, JR.,

Of Little Rock, Arkansas.

William Picket, aged 28, unmarried, native of Illinois, having left that State early in January, 1876, was admitted into the Ladies' Benevolent Hospital of this city, June 29th, 1876, for intermittent fever attended with enlargement of the spleen.

History stated that he began to have "chills and fever" in January last, about the time he left Illinois; first noticed his spleen enlarging early in February following. Since then has continued to grow rapidly. When admitted to the hospital he had considerable ascites and œdema of feet and legs, which yielded promptly to ordinary treatment. The spleen was of such prodigious size as to be a matter of wonder and curiosity to all the medical men who saw it, being the largest that any of them had ever witnessed, and my friend, Dr. Dibrell, Jr., advised me to *detach* the man *from the spleen*, as the best means of curing it.

The patient was very "bilious," and his condition had evidently been caused by excessive and continued malarial influences. He was put upon the best hygienic measures possible, with active tonic treatment of iron, quinia, etc., alternating with local and specific remedies as suggested by different consulting physicians. Notwithstanding all this, his fever assumed a strong "typhoid tendency;" his bowels and urinary organs became complicated with general derangement, and œdema of feet and legs returning, with rapid emaciation and no appetite; he bid fair to go where he couldn't take

his spleen with him, that is if the pathway is as narrow as divinity teaches us.

In this extremity I submitted a query, through your valuable journal, for a remedy, and was advised to use hypodermic injections of ergot. Acting upon the suggestion, I began on the morning of July 26th, and threw eight drops of Squibb's fluid extract of ergot under the skin, over the left lumbar region, continuing the constitutional treatment of iron, quinia, cod-liver oil and whisky. To my complete surprise, I found the spleen on the next morning to have diminished at least six inches in circumference, and the patient greeted me with the expression, "Doctor, my belly has gone down so much that it will wrinkle when I sit up." Œdema had disappeared from his feet and legs almost entirely, and the other complications began to subside at once.

I used the ergot in the same manner five times, on successive days, with one or two intermissions, and to-day (August 2d) the patient is convalescing, with a respectably proportioned spleen. I consider him about well, and attribute it all to the use of the ergot.

P. S.—Thanks to W. R. Putney, M. D., for advice upon the same subject given in the number of your journal dated July 29th, volume xxxv. Will try it and compare results with the ergot first opportunity.

Editorial Department.

Periscope.

The Origin of Zymotic Diseases.

Dr. Alfred Carpenter, in his address before the British Medical Association, speaking of these maladies, asks:—

Do any of these diseases arise *suâ sponte?* The sudden way in which some of them develop sanctions the idea. This is especially the case with enteric fever and scarlatina. Many intelligent and accurate observers have been unable otherwise to account for the appearance of those diseases in given cases. Yet the ordinary laws of natural history would forbid the suggestion. Growths, apparently spontaneous, are common in the vegetable kingdom, but in no case is it supposed that the growth has taken place without the previous presence of appropriate spores or seeds. The sudden and wide-spread appearance of eczema epizoötica among cattle, or the destruction of potato blight, seem to be spontaneous, yet those diseases spread by contagium-particles. We may reasonably suppose that the propagation depends upon spores like to *Pencillum glaucum* or *Mucor mucedo.* Those spores are to be always found only waiting for a suitable situation to grow and become fertile in a few hours. They are both aërial and aquatic, and produce different results, according to the dryness or moisture of the position in which they are found, and are modified by the acidity or the alkalinity of the media in which they multiply. Bacteria of different kinds are found in one, vibrios in another; why should not those forms produce a potent matter in their growth, capable in itself of producing disease? We know that certain kinds of fish may be eaten to-day with impunity, but to-morrow they set up serious disturbances in the animal economy. Vibrios to-day may be harmless, but to-morrow they may produce disease. The secretion from the peritoneum to-day may do no mischief, to-morrow an irritative action may arise, which will set up a most virulent and infectious complaint. In peritonitis a most fatal form of infective disease may be set up, and the infectivity arises *suâ sponte* because certain circumstances have been altered, and the biapolism existing normally in the tissues has taken on a new action. The germs were there, but the vital conditions being altered, a comparatively harmless secretion is turned into a virulent poison.

I believe this to be the case with those specific forms of contagion which are multiplied by filth. Scarlatina and typhus, enteric fever and cholera, arise apparently *suâ sponte*, because certain germs or foci of potent matter have been altered by the circumstances in which they are placed, and infective power has been added, just as infectivity is produced in the peritoneal secretion by inflaming the membrane which secretes it. The ordinary excreta of carnivorous animals, which contain the *débris* of animal food, may or may not be so placed as to produce the germ upon which filth-disease depends, just as dry rot may or may not arise in a building, according as to whether ventilation has been provided for and new wood kept out of the fabric. But if those germs be introduced in the human economy, the disease arises and spreads in the usual manner. So again with scarlatina, long-continued observation and analogy forbid the idea of an origin except from some bioplasm finding a suitable soil in which it may develop its poisonous character.

Prussic Acid in Cough.

On this point, Mr. W. H. Griffiths says, in the *Medical Press and Circular*:—

Prussic acid has been highly extolled as a remedy in whooping cough, and Dr. E. P. Atlee states that he has effected a cure with it in over two hundred cases, in from four to ten days, or at furthest within a fortnight. According to the experience of Hayward, Richter, and others, it is chiefly useful in the latter stages of this affection. Dr. West finds that it acts most beneficially in cases in which the paroxysmal character is well marked. Unquestionably in some cases it acts with marvellous efficacy, whilst in others it appears to act injuriously. The writer is therefore driven to the conclusion that there is some, as yet, unknown condition which regulates the efficacy of prussic acid in whooping cough. The following is Dr. West's formula:—

℞.	Acidi hydrocyanici,	℥iv	
	Sodæ carb.,	gr.x	
	Mist. amygdalæ,	ʒj.	M.

A teaspoonful every sixth hour for a child nine months old. We may here mention that the administration of prussic acid to young children calls for the greatest caution.

It is widely admitted that in simple nervous cough, independent of any pulmonary affection, no other medicine is superior to hydrocyanic acid. In chronic lung diseases and in phthisis prussic acid may be useful in allaying cough, but in other respects it must be regarded as by no means possessing the curative powers attributed to it by Brugnatelli, Granville, Magendie, and others. It was at one time regarded as a specific for acute inflammation of the lungs, an opinion held by few therapeutists of the present day. In laryngismus stridulus prussic acid has been employed advantageously by Dr. Reid, and Dr. Thompson regards it as almost a specific in phthisis trachialis. Many writers approve of it as a remedy in spasmodic asthma and also in angina pectoris.

On Posterior Catheterization.

Professor Volkmann, of Halle, in the *Centralblatt*, gives the case of a boy six and three-quarter years old, who had torn his urethra completely across, close to the neck of the bladder, and splintered the right descending ramus of the pubes. The bladder dullness reached up to the umbilicus, and, owing to the irregular and ragged condition of the wound, it was impossible to find the upper end of the urethra. After washing out the wound with a three per cent. solution of carbolic acid, and making about fifty minute punctures in the scrotum, to relieve extravasation, the bladder emptied itself; but as upon the following day it was still impossible to find the upper part of the urethra, Volkmann determined on "posterior catheterization." The high operation was selected, instead of simple puncture, on account of the comparative emptiness of the bladder. A sharply-curved silver catheter was then introduced into the opening, and at the first attempt passed easily into the urethra, and so into the wound. A string was then attached to the end of the metallic catheter, and by means of this a soft instrument was drawn into the bladder, while the other end was in the same way introduced from behind forward into the anterior part of the urethra by the help of another silver instrument. In spite of considerable fever the patient recovered without much disturbance, the wounds being treated openly. The strings attached to each end of the catheter were of great use in helping to cleanse and change the instrument.

At the end of three weeks the patient was removed, at the request of his parents. All was then quite healed, and he walked without a limp, and passed his water in a full stream. The urethra was, however, so much drawn down by cicatrization toward the fracture in the pubes that it was impossible, or very difficult, to introduce an instrument into the bladder.

The Treatment of Burns.

It is always useful to have at one's fingers ends the best treatment for such common and painful emergencies as burns and scalds, and, indeed, such knowledge cannot be too widely diffused. The summary given by Mr. Holmes, in his recent Manual of Surgery, is very concise and complete, and embodies large experience. He says:—

At the time of the accident, the main indications are to exclude the air from the burned surface, to allay pain by opiates, and to give stimulants in such quantities as may be necessary. The applications which are in use for burns are too numerous to mention, and the choice of one or other of them will depend in a great measure on the depth of the burn. A mere superficial scorch is best treated by some warm solution applied on a thick rag and kept constantly moist. Goulard-water with laudanum is perhaps as grateful as anything. Painting the surface with ink soon relieves the pain of a small superficial burn, or covering it with whitewash or some other similar substance, which will crust over it and completely exclude the air from it. Common flour thickly dredged on the part is a very good and handy application. But such crusts should not be applied over burned surfaces of the second degree, since their removal would soon become necessary, and this would drag off the epidermis. The bullæ should be pricked, the epidermis gently smoothed down, and some simple ointment put next the skin, or some oily substance which will not stick when it is necessary to change it. A very favorite application to these burns and to others of greater depth is the Carron oil, made by mixing lime-water and linseed-oil in equal parts, and deriving its name from its having come into extensive use at the great Carron Foundry in the numerous burns occur-

ring there. Oil of turpentine is a very good application to those in which the surface of the skin is quite destroyed. But for the first few days I doubt whether anything is better than simply swathing the part in thick layers of cotton-wool, which is prevented from sticking to the burned surface by some simple ointment (cerat. calaminæ is generally used) spread on thin soft linen or cambric, and covering the whole burned surface. When, after a few days, the discharge becomes foul, this dressing should be changed for some deodorizing or antiseptic oily application, or the latter may be used from the first; but all the antiseptics I have yet seen used have been stimulating, and for the first few days it is desirable, I think, to avoid any local stimulation. The carbolized oil answers every indication better than any other substance which I know of, but it should not be used too strong; for it may both prove too stimulating, and thus increase the discharge, and it may be absorbed, producing a black condition of the urine, and other symptoms of incipient poisoning. It is well, then, to begin with a very weak solution (about 1 to 12), and if this does not correct the fetor its strength may be gradually increased, or a stronger solution of carbolic acid may be placed over the dressings. If carbolic acid is not tolerated, some preparation of benzoine, or Condy's solution, or the lot. sodæ chlorinatæ may be applied either directly to the burned surface or over the dressings.

On Iridectomy.

In a lecture on cataract, in the *Medical Times and Gazette*, Mr. Charles Higgins, of Guy's hospital, says:—

The questions we have to consider are—In what cases should iridectomy be performed? In what cases may we extract cataract without it? And, first, with regard to iridectomy, a piece of iris should be removed—1. In cases where iritis has previously occurred, and adhesions of the iris to the lens capsule exist, and in all cases where the pupil does not dilate readily, even though there be no adhesions. 2. In all cases where the tension of the eyeball is above par. 3. In all cases where the lens is only partially opaque.

The iridectomy may be performed at the same time that the cataract is extracted, or some weeks or months previously. In cases where a very considerable part of the lens is still transparent, or the tension of the eyeball above par, I much prefer to do iridectomy as a preliminary, and to allow a considerable time to elapse before performing extraction.

The advantages gained by performing iridectomy are—1. It gives ample room for the escape of the cataract. 2. It prevents prolapse of the iris after the extraction has been completed. 3. It greatly diminishes the risk of closure of the pupil by subsequent iritis, and if performed some time before the extraction, the risk of iritis occurring at all is reduced to a minimum; it also reduces the tension of the globe, if this be above par.

I consider very few cases suited for extraction without iridectomy, and seldom employ this method. The cases I select are eyes with entirely opaque lenses, active, easily dilatable pupils, and apparently (with the exception of the cataract) healthy in every way, the patients being quiet, imperturbable people, who will bear an operation without flinching, will do exactly what they are told, and never do wrong if they can help it.

The results of extraction without iridectomy are, when entirely successful, all that can be wished: the pupil is circular, active, and central—in fact, the eye looks as if it had never had cataract or been operated on—whilst vision, with suitable glasses, may be raised to the normal standard. Results such as these are only obtained occasionally. In very many cases prolapse of the iris takes place, and an adhesion to the cornea is formed; or iritis sets in, and the pupil becomes entirely closed. All things considered, extraction of cataract without iridectomy is not a good operation, in spite of the brilliant results obtained in some cases.

I think the best operation is not that which gives the most successful results in a few cases, but that which gives uniformly good results in the greatest number; and therefore—though I do not tie myself to any one method of operating—I prefer sections associated with iridectomy. Between the linear and small flap sections, I have no choice, though I have made many more of the former than of the latter.

Causes of Death in Strangulated Hernia.

The following two cases and remarks are given by Mr. R. Parker, F. R. C. S., in the *Lancet*:—

Case 1.—A man, aged thirty-nine, with left inguinal and scrotal hernia of thirty years' standing, formerly all reducible, latterly not. On Nov. 9th, strangulation, reduction in infirmary by taxis after twelve hours; omentum left in sac; uncertainty whether any bowel yet remained. Symptoms returned. Herniotomy by Mr. Harrison after two days, sac being opened; no gut found; much omentum reduced; some left in sac fixed by fibrous adhesions. Death in thirty-six hours. The post-mortem examination revealed sticky peritonitis; transverse colon dragged tightly down to the level of the umbilicus by omentum; above this point, intestines distended; below, contracted; bit of ileum near lower end, showing where it had been strangulated, dark purple, probably recoverable, lying near internal ring.

Case 2.—A man, aged sixty-four, with a left inguinal hernia of a few weeks' standing, strangulated a couple of days. Herniotomy, at the infirmary, by Mr. Harrison; sac not opened, and the bowel reduced by simply holding up the sac, the neck of which had been bent on itself. There was no stricture. Symptoms returned in twenty-four hours, and death

took place in four days. The post-mortem examination revealed sticky peritonitis and moderate distention above the piece of ileum which had been implicated, and which was eight inches from lower end; the end of the omentum was lying loosely in the sac, and was easily withdrawn. No narrowness of sac's neck.

Why did these cases die? All direct cause of strangulation had been removed, but what maintained the symptoms? It would seem that the injured bowel, becoming adherent by peritoneal lymph to the adjacent wall or viscus, and its muscular coat having become paralyzed above the strangulated portion, an amount of obstruction was effected which would, under ordinary circumstances, be impracticable. Mr. Bryant refers to a case which, in several points, resembles Case 1, and in which obstruction of the transverse colon and symptoms of strangulation were kept up by adhesion and traction of omentum. I am disposed to regard the very slightest adhesion and folding of a previously strangulated bowel as capable of effecting fatal obstruction when combined with paralysis of the muscular coat above.

The Treatment of Scrofulous Ophthalmia.

Mr. H. C. Lawrence gives, in the *Medical Press and Circular*, his own experience on this debated subject, as follows:—

The marked digestive derangement has benefited from a mercurial purge, followed by a course of non-mercurial aperients until the evacuations become normal. Next a plain, nourishing and unstimulating diet, to which milk contributes largely, is beneficial. Meat should not be given too freely. Most of the patients are ill-nourished when scrofulous ophthalmia manifests itself; partly from poverty, partly from digestive imperfections: to feed these too generously virtually promotes starvation; the fuel becomes excessive for the combustion power of the invalid.

Cod-liver oil requires regulation in use. Instead of regarding it as a specific, my own experience has led me to consider it hurtful in some cases; the cases for its use and non-use may be differentiated thus, as Sir William Lawrence and Niemeyer have noted: First, the "torpid" constitutions, who are clumsy and thick-set in build, and exhibit a tumid upper lip and enlarged nose, and have abundance of adipose tissue; by these cod oil is not required, and it may prove injurious to them; while, secondly, the "erethitic," with slender frame, lack of fat, and accelerated pulse and over-active nervous system, largely benefit from the use of cod-liver oil. These cases have procured for it the name of an anti-scrofulous remedy (Niemeyer).

The photophobia has been relieved at first by the use of bromide of potassium, and the relief maintained by the administration of quinine. Quinine employed after potassium bromide has appeared more efficacious than when used alone. Relapses of intolerance of light have yielded to similar treatment.

Fresh air, and plenty of it, is imperative. Cold shower-baths in summer, sponging with tepid sea-salt water in winter, have proved valuable auxiliaries.

For local treatment a green shade, made like the peak of a rifle cap, is preferable to one fitting close to the eyes, the latter being injurious. Padding of the eye with cotton wool to prevent friction of the lids appears to me neither necessary nor advantageous, equally good if not better results having followed frequent poppy fomentation instead, allowing free exposure to air, with shade from light.

When the acute symptoms have subsided the utmost possible benefit has ensued upon the use of poppy fomentation used as a douche to the eye, at first warm, then tepid, ultimately cold. The spasm of the orbicularis oculi seems to be much lessened thereby.

Counter-irritation in the form of linimentum iodi painted behind the ear is preferable to blistering. Scrofulous constitutions resent blisters, secondary cutaneous eruptions and swelling of the neighboring glands being apt to follow. Frequency of counter-irritation, however, short of producing breach of skin and glandular enlargement, seems not only indicated, but is found practically to be very useful.

Nitrate of silver has proved itself injurious when applied to the conjunctiva in scrofulous ophthalmia, and solution of atropine less useful in allaying irritation temporarily than frequent anodyne fomentation. Atropine should be reserved to ensure dilatation of the pupil when necessary.

Iron is preferable to quinine in marked anæmia, but I have not sufficient evidence to prove its greater efficacy over quinine in promoting repair and nutrition in ulceration of the cornea, as some authors assert, while quinine exerts a marked effect in lessening the photophobia scrofulosa.

Reviews and Book Notices.

BOOK NOTICES.

The Pathology and Treatment of Childbed: A Treatise for Physicians and Students. By Dr. F. Winckel, formerly Professor and Director of the Gynæcological Clinic at the University of Rostock. From the second German edition, with many additional notes by the author. Translated by J. R. Chadwick, M. D., Clinical Lecturer on Diseases of Women, Harvard University. Philadelphia, Henry C. Lea, 1876. pp. 484.

The author first gives a summary of the objective appearances in healthy lying-in women,

the normal state of the genitalia, the lochia, the breasts and secretion of milk, etc., thus preparing the student to understand the difference between health and disease.

Next, he treats of the etiology of childbed diseases, causes, frequency, mortality and general treatment.

He then takes up, in order, genital lesions, displacements, hemorrhages, inflammation, thrombosis and metastatic pyæmia, puerperal fever, diseases of the breasts, of the urethra and bladder, pelvic affections, puerperal eclampsia, mental troubles, skin diseases.

True to his school, the German writer carefully and thoroughly examines and records every point of the least importance, regarding nothing too small, and thus gives his reader and the student the very information he is most likely to search for, and fails to find, in many writers among our English brethren. It seems otherwise with the author of this book. Hence, while we find much to commend, we must not fail to point out defects when they exist. The American practitioner will be surprised to find in his chapter on Eclampsia not the slightest allusion to the use of chloral. Nor in his bibliography does he mention the valuable little monograph by Braun, of Vienna. In short, this chapter has proved to us a source of great disappointment, as we had hoped to have found here a resumé, at least, of all the great forward steps in the treatment of this fearful complication of childbed.

The disadvantage of large lying-in establishments is forcibly shown by a comparison of the mortality of hospitals and private practice—in the former, the deaths being 34 to 1000 cases; in the latter, 66 to 1000 cases.

He devotes twenty-four pages to a historical sketch of former theories of the etiology of puerperal fever, and quotes a case, which he says "is, consequently, a proof that, in private practice, and remote from lying-in establishments, without infection, and without miasma, the most severe forms of the septic diseases may occur, sporadically, in childbed."

He believes the communication of the disease by the air of a lying-in establishment to be extremely rare, but inclines to the opinion that the contagion is transferred by the direct action of an atmosphere impregnated with infectious elements, upon some portion of the mucous lining of the genital organs, and that it is not due to an absorption of the virus by the lungs, and its subsequent deposit in the uterus. Further, he believes "we are justified in assuming, with reference to the point of entrance of the infecting matter within the organism, that its absorption may take place at any part of the genital organs, * * * and this occurs chiefly in case of a ruptured perineum, etc." This explains why primiparæ are more liable, as they are more sure, to have lesions occur during parturition.

He is quite earnest as to the belief in the conveyance of the infection by the hands of the practitioner, and says "For this reason, it is of the greatest importance that accoucheurs of extensive practice, however careful in their ablutions, should never make autopsies, or, at least, should not attend a case of confinement for a number of days subsequent to such an examination, taking care, even then, to avail themselves, scrupulously, of the most effective means of disinfection."

On this point, it would be well for the inquirer to carefully study his discourse read before the Rostock Medical Society, entitled "A Few Words on the Epidemic Propagation of Puerperal Fever in Lying-in Establishments, and its Dissemination from these Centres."

On the subject of mastitis, a few words are of so much value that we quote: "I, therefore, agree with Berluch, Ed. Martin, and others in regarding the attempts to suck or squeeze out the milk from the affected breast as not only superfluous, but as both futile and cruel." Such action in very many instances produces the very inflammation and subsequently the suppuration which it is intended to prevent. Compression he regards as the proper treatment, and regards warm poultices as useless.

He gives but a passing allusion to what he deems the English treatment, with belladonna, which is really of vast importance, and which, when early and properly employed, rarely fails to prevent suppuration.

"Irregularities in the Secretion of the Milk" forms a chapter of value, including agalactia and galactorrhœa.

Under the head of the common name "milk fever" very diverse affections occur. He justly regards the term as unscientific, and one which should be abandoned.

The book is presented in the usual charming style of the important house from which it emanates; good clear type, excellent paper, and an almost entire absence of typographical errors.

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ON PLEASURE AND PAIN. II.

No one knows better than a physiologist how false is the old maxim, "seeing is believing." He knows that sight and all the other senses *never* show us things as they are. "No kind and no degree of similarity," observes Professor Helmholtz, "exists between the quality of a sensation and the quality of the agent inducing it and portrayed by it." Our sensations tell us nothing of the real nature of the external world. They are mere symbols, every whit as remote as the written word *horse* is from the animal. Their value depends, however, not on the fidelity of their correspondence, for this is null, but on their fidelity at all times to the same impression. The color red is always the color red, the scent of the rose is the scent of the rose, and it is this logical law of identity which gives sensations their value, not the objects which call them forth.

The laws which govern the correspondence of sensations to impressions are those of transmission: in other words, of nutrition. By an accidental variation of structure at some remote epoch, a cranial nerve became sensitive to light; this aided the animal in its efforts to nourish and preserve itself, and strengthened by descent, gave rise to an eye. All the senses arose and were ripened in a similar manner. The stimulus of all of them is their preservative powers.

Now, it is conceded by students of sensations that all of them partake either of the nature of pleasure or of pain. Every impression is either one agreeable or disagreeable. It is further experimentally demonstrable that an agreeable sensation is one which is produced by a sustained and continuous impression up to the point of fatigue, a musical tone, for example; while intermittent and discontinuous impressions, as tones of different pitches, or a flickering light, produce disagreeable sensations. This is the inductive axiom on which Helmholtz bases his celebrated *Lehre der Tonempfindungen*.

Continuous impressions, short of fatigue, mean, as shown last week, increased nutrition, repair exceeding waste, preservation strengthening itself. Pleasure, therefore, is physiologically the quality given to sensation by nervous action not in excess of nutrition. The utmost pleasure is derived from *maximum action with minimum waste.*

This generalization offers many instructive corollaries. That which we call the Beautiful in art depends upon it. Hogarth drew a "line of beauty" which he found to be that which in its variations most gratifies in outline and form. It is a double curve, and an analysis of it shows it to be that which the muscles of attachment of the eye permit our sight to follow with least labor to themselves. A curve is preferred, in art, to a rectangle, for the same reason. The changes in languages toward greater brevity and sonorousness are dependent upon the rising preference for action with least waste which the use of such idioms implies.

Waste exceeding repair produces a disagree-

able sensation reaching as it increases to actual pain. As such it incites to action, but to deterrent and evasive action. Pain is the sensation attendant on the death of the part or system. As the sensation opposed to self-preservation and continuity, as contrary to the first law of existence or motion, it is avoided by all organisms. "To move *from* pain and *to* pleasure is the fundamental law of organic beings," says Professor BAIN.

The reader may still be dissatisfied with the explanation, and ask, through the operation of what general law are deterrent sensations, that is, painful ones, associated with waste? Is it an *a priori* arrangement in "the fitness of things?" The question is a proper one, and the reply is, not at all; it is a mere accident; not hardly so much as an accident, but a piece of unconscious choosing. There is nothing in waste itself which necessarily ties it to pain. No god fastened their heads together.

Probably many creatures have been born whose nerves felt pleasure in waste of tissue. Their race is not extinct. "There are," says the Baron D'HOLBACH in one of his works, "some men who find no pleasure except in actions which will bring them to the gallows." Fortunately, human law generally brings them there; and natural law with infinitely greater certainty soon or forthwith destroys that organism which finds pleasure in waste, but preserves that one which feels pain from waste and transmits this feeling, strengthened by descent, to its progeny. The vices which conceal waste under pleasure, such as alcohol and opium-taking, are the most dangerous ones.

This physiological discussion shows how erroneous that doctrine is which regards pleasure as the negative of pain (pessimism), or pain the negative of pleasure (optimism). The Scandinavian mythology represented Odin, the god of action and effort, as accompanied by his two brothers Vili and Ve (*Wohl* and *Weh*, pleasure and pain). So in fact every action disturbs the pre-existing relations of nutrition, and brings out agreeable or disagreeable feelings. But as repair is one definite thing and waste is another definite thing, so are the feelings to which they give rise.

This inquiry does not stop with physiology. All religions are founded on some theory of pain. They all teach, to some extent, "purification by suffering;" they all connect pain with sin, death with evil, pleasure with goodness, life with joy. In much that they teach the confusion of sensation and thought is evident; pain and death, as has been shown, cannot have come into the world by sin, for the latter can exist in the intellect alone, while the former is common to all organic existence. But that in which the better religions are right is that in preservation, in continuous life, in obedience to law, lies man's true happiness; that through the destruction of those who disobey, consciously or unconsciously, the race is purified; and that sin, wrongfulness, conscious evil-doing has a punishment as certain, as eternal, as *irrevocable* as CALVIN ever taught. The easy doctrine that "bad is good in the making," or that "an error is a truth half-seen," finds not a vestige of support before the merciless laws which take no steps backward, hear no prayers, and admit of no moment of truce. The ground-maxim of all morals lies in pleasure and pain, and is embraced in this sentence from SCHOPENHAUER: "No error is harmless; every one will sooner or later do him who harbors it a hurt."

NOTES AND COMMENTS.

Plant Anæsthesia.

The *Scientific American* states that the curious discovery has recently been made that anæsthesia may take place not only in animals but in plants, and, in brief, in all forms of life. It has been demonstrated that etherization acts finally on all the tissues of animals and on the central nervous system. Hence, if plants have tissues, the anæsthetic should equally act on them. This substantially appears to be the case; and every vital act, whether occurring in

animal or vegetable, may be anæsthetized. In plants, M. Claude Bernard, to whom is due the credit of the discovery, has found that germination ceases under the influence of ether. He introduced water cresses, which germinate from day to day, into two precisely similar tubes. In one tube he placed a little ether. The plant therein on the following day was found not to have germinated, as the other had; but after being removed from the anæsthetic, the first went on and germinated in a natural manner. The plant had literally been put to sleep.

The Treatment of Cancer.

An English journal states that in the University College Hospital, London, in cancer cases, the application of stramonium ointment was found to give great relief to pain. Mr. Henry Morris had good results in a severe case of epithelioma, involving nearly half the scalp, with "Fell's Paste" (chloride of zinc, flour, and liquor opii sedativus, sufficient to form a paste). The first application produced an eschar, which was cut through so that the remedy could be applied deeper, and applications having been made daily, or on alternate days, for about a month, the whole mass came away, leaving the bone exposed; finally, a thin sheet of this exfoliated, the wound healed, and the patient has remained well for several months since.

Functions of the Optic Thalami.

In the last volume of the West Riding Lunatic Asylum Reports, Dr. C. Browne has a paper on the Functions of the Optic Thalami. The latter contains a considerable number of facts in support of the view that the optic thalami are the chief centres for common sensation, and are also important centres for reflex action. The writer has observed that in most cases of lesion of a thalamus, the hemiplegia which results is accompanied by a very remarkable and permanent abolition of reflex action in the paralyzed limbs. This is, at first sight, difficult to reconcile with the increase in spinal reflex activity which follows section of the cord at a higher point. Several theories to account for the discrepancy are proposed and discussed, and the conclusion reached is that every reflex action involves a double current of molecular change, one direct through the cord; the other, through a "loop line" which extends up to the thalamus, is concerned in the liberation of higher reflex movements, etc., and is essential, also, for the liberation of the motor impulse of the lower spinal reflex action. He believes that the integrity of the path to the thalamus is sufficient to prevent the spinal over-action which occurs when that path is blocked in division of the cord.

Hydrochloric Acid in Syphilis.

In some therapeutical notes in the *Medical Press and Circular*, Mr. Griffiths remarks that Piroleau was the first to call attention to the anti-syphilitic virtues of hydrochloric acid, and among other authorities who have written favorably of it as a remedy in syphilis are Zeller, Rust and Pearson. Rust considers that abstinence is an essential element of success in this treatment; he found that it invariably failed when a full diet was allowed. The formula used in the Vienna hospital was a drachm of the acid to two pints of barley water daily. In gangrenous ulceration of the genitals Van Swieten employed an application of the strong acid diluted with six parts of water with great success.

Statistics of Tobacco-Smoking.

The following table gives for each country named its consumption of tobacco per annum per 100 inhabitants:—Belgium, 250 kilogrammes; Holland, 200; Germany, 250; Austria, 124.5: Norway, 102.5; Denmark, 100; Hungary, 94; Russia, 83.3; France, 81; England, 62; Italy, 57; Spain, 49; Sweden, 34 kilogrammes. From this it seems that France (in a revenue point of view) does not smoke enough. When she attains the position of Belgium in this matter the tobacco impost will return 896,000,000 fr. to the exchequer, instead of its present 3,000,000 fr.

Experiments with Strychnia.

Professor Wanklyn, following up his experiments on the action of silicated carbon on organic matter, reports in the *Chemical News*, of July 21, a very remarkable experiment. He dissolved some strychnine in water in the proportion of 8.841 grains to the gallon. Without the alkaloid the water tested by the ammonia process yielded 0.05 milligrammes of albuminoid ammonia per litre. With the strychnine in solution it yielded 5.20 milligrammes to the litre. Ten litres were passed through a filter

which had previously been used with solutions of quinine and morphia. The first five litres were thrown away. On testing what passed through afterward by the ammonia process the liquid yielded some free ammonia and 0.04 milligramme of albuminoid ammonia, showing that the filtrate was devoid of strychnine. Before filtration the liquid was distinctly bitter; afterward it had no bitter taste. Mr. Wanklyn says he was confident enough of the exactness of his results to risk his life on them, so he drank 300 centigrammes of the liquid, a quantity which before filtration would have contained 40 milligrammes of strychnine, without tasting any bitterness, or experiencing any injurious effects.

Spontaneous Generation.

The *Institute* (August 2d) announces that the Académie des Sciences received at its meeting on July 31st (the French academicians take no holidays) two letters in absolute contradiction of each other, and both written on the same day (July 29th), one dated from London by Professor Bastian, the other from the Valais by Professor Tyndall. The former reiterates the affirmations made in a previous communication, that urine exposed to a temperature of 50° C. (122° Fahr.) undergoes spontaneous fermentation without the intervention of any ferment. In his letter Prof. Tyndall declares that Prof. Bastian's experiments are absolutely incorrect, he having in vain repeated them. He has never obtained any but negative results, and denies that Professor Bastian has any right to draw conclusions from them favorable to spontaneous generation.

Fountains as Ozone Producers.

A cotemporary remarks that the mechanical action of pure air over vegetation is productive of ozone, but still more manifestly is this subtle quality produced by the dashing of waves and spray against the air. These lashings of air and sea mixed are, electrically speaking, in the nature of one substance rubbing on another. They evoke ozone, which, being inhaled in breathing, gives a stimulus to the constitution. Hence the benefit to health from a sea voyage, or a residence at a pleasant seaside resort. Mr. Binney stated, at a recent meeting of the Manchester (England) Literary and Philosophical Society, that the atmosphere of towns may be sensibly ozonized, and of course improved in quality, by the action of public fountains. He says: "A water fountain may be regarded as a hydro-electric machine, the friction of the water issuing through the jets developing electric action, materially assisted by the conversion of the spray into aqueous vapor. I would suggest that this fact should be prominently brought before municipal bodies, to induce them to erect fountains in all available places in large cities, as sanitary agents. They might prove highly beneficial in crowded localities."

Treatment of Hysterical Paroxysms.

Professor Thierry, of the St. Pierre Hospital, Brussels, arrests hysterical paroxysms by what he calls "torsion of the abdominal walls." He grasps in his hands the entire walls of the abdomen, either in their bare state or covered with the chemise, and imparts to them a certain amount of torsion, which he gradually increases, and which he maintains until the paroxysm has passed away, and the woman is come entirely to herself. This practice promptly succeeds in aggravated as well as in simple cases.

Diagnosis of Abdominal Cancer.

The following ingenious advice was given by Mr. Maunder, of the London Hospital:—

"Always examine for enlarged glands in the *skin of the navel;* it is an early sign. The case spoken of, had a growth near the pylorus. To ascertain its mobility and the outline of the stomach, the patient was desired to drink one or two tumblerfuls of soda-water. The gas, etc., distending the stomach, lowered the tumor by about an inch, and made it more prominent. In another case, sent in as cancer of liver, we proved the non-adhesion of the growth by injecting the colon with soap-suds, and so pressing it forward."

The Microscopy of the Blood.

The dispute about the microscopy of the blood, in the Biological Section of the International Medical Congress, was led by Prof. Christopher Johnson, of Baltimore, and elicited the following condensed statement of the most important point at issue in the controversy.

Dr. Johnson remarked, in the course of the debate, that on trying the experiment he had found it quite impossible to discriminate microscopically between slides of dog, guinea-pig and human blood, submitted to him by his friend, Dr. J. J. Woodward.

Dr. J. G. Richardson observed that he had arrived at and published similar conclusions respecting these animals, but he would like to inquire of Prof. Johnson, whether, if Ananias (instead of Colonel Woodward) handed him a slide of blood, and, hiding the name upon it, told him it was sheep's blood, he could not, should microscopic examination reveal corpuscles $\frac{1}{3200}$ of an inch on the average, say, without hesitation, "Ananias, you lie"?

Malinin in *Virchow's Archiven*, lxv, § 528, recommends the use of a solution of caustic potassa ($\frac{3}{100}$) when examining for human blood corpuscles in a dried mass. If the diameter of the corpuscles, after the reagent has produced its effect, is less than 0.0060 mm., it may be decided that they are not human; with a diameter of 0.0070 mm., or more, the probability is in favor of human blood corpuscles; with a diameter of 0.0060–0.0070 mm., we can pronounce that it is not the blood of goats, sheep, or oxen, but is possibly dogs', hogs', or human blood.

Sickness at Different Ages.

Dr. Reginald Southey has recently been delivering a course of valuable lectures on "Individual Hygiene" in London, and in one he introduced a table of "Expectation of Sickness," which he had prepared, and which is as follows:—

At 20 years of age, calculate on 4 sick days yearly.
At 20 to 30, 5 or 6 days.
At 45, 7 days.
At 50, 9 or 10 days.
At 55, 12 or 13 days.
At 60, 16 days.
At 65, 31 days.
At 70, 74 days.

Of course this refers to people of average good health, and not to those who may be afflicted with any incradicable or chronic ailment.

Syphilitic Phthisis.

M. Fournier, in the *Gazette Hebdom.*, concludes, from his experience, that tertiary syphilis can produce in the lungs lesions which, either locally or by reacting on the general health, stimulate pulmonary phthisis, and that these pulmonary lesions are often amenable to specific treatment, and are not beyond the resources of art; therefore, a careful diagnosis should be made in all cases of tuberculosis, and where the cause is evidently syphilis, specific treatment should be adopted. The syphilitic lesion is unilateral, circumscribed, and without predilection for the pulmonary apices, and generally affects a circumscribed spot.

Poisoning from Canned Beef.

A scientific commission has completed an investigation of the alleged poisoning of a family by canned corned beef, in New York, and it is gratifying to learn that these experts have decided unanimously that the poison was the result of exposure of the meat after it was uncanned, whereby it became putrid or tainted. They declare that there is nothing deleterious about the canning process, as is abundantly proved by the immense consumption of canned fruits and vegetables without notable cases of injury in any part of the country which cannot be accounted for by some imprudent acts of the consumers.

Quinine in Diphtheria.

Dr. John Burke, of New York city, writes us that the use of quinine in pertussis, has been in vogue in that city for some time. His prescription is:—

℞. Quiniæ sulphatis, grs.ij
Pulv. glycyrrhizæ, grs.iv. M.

For a dose. Or it may be given in a little coffee or *per anum*. He adds:—

"It will fail, as other remedies reputed to be specific have failed, and children will die of whooping cough; nevertheless, it is a very useful remedy in some cases."

The Medical Register and Directory of the United States.

We had announced this work for October 1st; but a large amount of material arriving at a date too late to be used if we issued it then, the alternative was left either to postpone its appearance, or to neglect this material. We have chosen the former, believing that subscribers for it would prefer the delay in compensation for the greater accuracy. The book will now certainly appear in December.

Chloral in Ulcers.

The treatment of ulcers by the local application of a solution of hydrate of chloral, as practiced by Mr. Lucas, of Guy's Hospital, is growing in favor, and is highly extolled by other surgeons.

Correspondence.

Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

In the Reporter of June 3d there is a paper on this subject by Dr. Wm. T. Chandler, of Kentucky, who speaks with great positiveness in relation to its nature, and some scorn in reference to its treatment. As we write for the benefit of the profession, and not to eulogize each other, I trust he will tolerate mild criticism.

His patient had "alarming cerebral hyperæmia," which means, I suppose, that not alone the large arteries and great sinuses, but also the small vessels and capillaries of the brain, were dangerously distended with blood. To relieve this distention, he says: "I extracted about sixteen ounces of blood, to relieve the alarming cerebral hyperæmia by diminishing the amount of blood, and at the same time lessen the irritating effect of the urea upon the nervous system." One unaccustomed to bleeding, if he draw the blood into a flat-bottom basin, will fancy that there are "about" sixteen ounces when there are not more than six or eight ounces. He began to bleed his patient, under the strong conviction that if he could draw the blood from the brain so as to reduce it to its normal fullness only, the danger from distention would be wholly removed, and the amount of urea so diminished that it would be harmless to the nervous system. A just conclusion, but how timid his actions. He looked into the basin to see when he had drawn sufficient blood, instead of looking at his patient's face, feeling her pulse, and regarding her general condition. What was the result? That the brain was left in the same condition as when he began to bleed. He was disappointed. "The bleeding," he says, "did no good, either as regards the coma, or the severity or the frequency of the convulsions;" *per contra*, "the symptoms of brain pressure seemed rapidly augmenting; stupor became more profound and nervous insensibility more marked." I hope my readers will look closely at what the doctor is doing here, for on this case he bases the positive conclusions with which he closes his paper. He began to bleed to relieve alarming hyperæmia and diminish the amount of poisonous urea, and yet, before he had drawn enough to give the least relief to the oppressed brain, he stopped the flow, although, he says, "the stupor was not relieved, but became more profound and the nervous insensibility more marked." Why did he not continue the flow of blood until the changed pulse, the blanched face, the relieved stertor, the awakened nervous sensibility proclaimed that the alarming hyperæmia was removed? Was that a trial, a test of the value of blood-letting? And yet, after this drawing of a few ounces of blood, this same practitioner, in his conclusions, given on page 444, says: "When the indications are, however, to relieve cerebral hyperæmia, it (blood-letting) is demanded to prevent a laceration of the cerebral vessels and effusions in the brain tissue;" and then adds: "I am certain that it is an unreliable procedure for controlling puerperal eclampsia, and however well it may appear in theory, in practice it will almost generally prove a failure." How contradictory are those utterances. First, it is "demanded" to prevent laceration and effusion. Second, he is "certain" that it is an unreliable procedure.

I will now refer him and my readers to an excellent practical article in the Reporter for July 1st, by Dr. Isaac Scott, of Virginia, by which bleeding is shown not to be unreliable. Dr. Scott thinks if Dr. Chandler, instead of taking "about" sixteen ounces, had really "taken forty-eight or sixty-four ounces, he would have seen a very different effect from the bleeding." Dr. Scott gives two very bad cases, in which nearly a gallon of blood was drawn in one case, and sixty-four ounces in the other, and both convalesced rapidly; and he adds:—"I could mention a number of other instances in which free bleeding had fully as happy a result as in the foregoing cases." And further says he never knew one injured by too much bleeding, but has "seen a number of cases do badly that were bled but little or not at all." Dr. Scott talks like one who has seen much practice and different kinds of treatment.

In addition to this testimony of Dr. Scott, that bleeding is not an unreliable remedy, allow me to refer your readers to the article in the Reporter of August 5th, by Dr. Wm. Faulkner, of Erie, Pa. He refers to Dr. Scott's paper, and says, "I heartily endorse his treatment. My experience teaches me that we have no more valuable agent in the treatment of this formidable complication of the lying-in chamber, and that we have no other remedy, or combination of remedies, with which we can as promptly protect the brain from injury and prepare the case for the best influence of chloroform and a speedy relaxation of the os." And again, he says: "It is not enough that we *know* what our most efficient remedies are; we must also know how to use them in the very best possible manner." We have much denunciation of blood-letting now-a-days, by men who have never drawn a drop of blood, and others who have made a few timid trials of it, while those who have had much practice in the measure are a unit in testifying to its great value in the treatment of many affections, and especially in the one before us.

Many years ago I published in the State "Transactions" a detailed account of every case of puerperal eclampsia which I had then met with in my own practice. In 2387 consecutive labors, I had only nine cases of puerperal convulsions.

Here allow me to digress a moment to notice another writer on this subject. Dr. R. L. Moore, of Wisconsin, in the Reporter of August 26th, says: "With all due respect for those gentlemen who have lately written and spoken on the subject, I would honestly ask if

any patient ever recovers who is stricken with what we term puerperal eclampsia? I mean puerperal eclampsia, pure and simple, with no hysteria about it, and like the case reported by Dr. Chandler in your number of June 3d." Dr. Scott's cases well answer those questions, and I am happy to add my own testimony, that every one of my cases got well, and every one of them was bled copiously, some of them enormously.

Dr. Moore is impelled to say: "I boldly aver my skepticism as to those remarkable results attained by 'never-lost-a-case' reporters, and confidently predict that they will lose the very first case of *real* puerperal eclampsia that they may be called upon to treat."

It is now thirteen years since I published my other cases, during which years I have been in active practice; have had cases of my own, "pure and simple, *real* puerperal eclampsia;" have also been with cases with my medical neighbors; have bled them all; have not in any case forcibly dilated the os uteri, yet all recovered. I hope this report, joined to those by Dr. Scott and Dr. Faulkner, will cheer Dr. Moore and his friends, and animate them to the use of such means of cure as are spoken of by those who must decline his invitation to "report their *fatal cases*," inasmuch as they have not yet any to publish.

Here I might stay my pen were it not that there are all over this vast country practitioners who, like Dr. Moore and his friends, have had no success in the treatment of puerperal convulsions; no fixed convictions in relation to the cause of them, and consequently no positive plan of treatment. Too many young mothers are lost by the physician's reliance on some specific. Brom. pot. has been the death of scores of patients by standing in the way, and occupying the time, precious time, which should have been given to other means. Chloral is a better agent, so is chloroform, but they are scarcely safe in those cases like Dr. Chandler's, of "alarming hyperæmia," unless preceded by copious venesection. You never need be afraid in those cases to draw blood freely; dont draw it in a broad-bottom basin, and then when you have drawn six ounces, fancy that there are *about* sixteen ounces, and then close the orifice, though every symptom that indicates the necessity for further loss of blood is staring you in the face. Like Dr. Scott, I have never seen one suffer from too much bleeding. Bleed freely, and repeat, if necessary; unload the bowels of irritating contents; apply ice to the scalp in a bladder; pound ice, fold it in a towel and lay it under the head as a pillow, then use chloral, or morphine, or chloroform, the first and last in preference in most cases, and leave the labor to itself if the mouth of the uterus be not dilated. If you have saved the brain all will be well. One of the severest cases, most persistent, that I ever had, occurred within five minutes of delivery and continued for thirteen hours. If you have bled the patient so the brain be saved, you can hold in abeyance the uterine irritation, till natural efforts at delivery are made, or until the parts are prepared for delivery by the forceps.

HIRAM CORSON, M. D.

Conshohocken, Pa.

NEWS AND MISCELLANY.

Promotions in the Medical Corps, U. S. A.

The promotions in the Medical Corps of the army, under the recent law of Congress, have been made to take effect from October 1st, and the staff is now placed upon an equal footing with the other staff corps of the army as regards rank. Congress, at the last session, passed an act that the number of assistant surgeons now allowed by law should be reduced to 125, abolishing the office of medical storekeeper, and that in addition to the grades now allowed by law, there should be four surgeons with the rank, pay and emoluments of colonels; eight surgeons with the rank, pay and emoluments of lieutenant colonels; to be promoted by seniority from the medical officers of the army, and that this act should not be construed to deprive any medical officer or storekeeper now in office of his commission in the United States Army, and in accordance with this law the following promotions were made:—

Lieutenant Colonels Robert Murray and Charles Sutherland to be majors; Joseph J. B. Wright, and John M. Cuyler to be colonels. [The two colonels already on the list under the old law, are Assistant Surgeon General Charles H. Crane, and Chief Medical Purveyor J. H. Baxter.] Majors Charles McCormic, Charles H. Laub, William J. Sloan, William S. King, James Simons, Charles C. Keeney, John F. Head, Lewis A. Edwards, John F. Hammond, and Elisha J. Bailey to be lieutenant colonels, two of the above rank being authorized by the old law, and eight additional ones by the act above quoted. The list of majors is now headed by Major George E. Cooper, and the captains promoted to the grade of major, to fill the vacancies caused by the above promotions, are: Joseph J. Woodward, William H. Forwood, Ely McClellan, Samuel A. Storrow, William D. Wolverton, Albert Hartsuff, Charles R. Greenleaf, B. Knickerbocker, J. V. D. Middleton, John H. Janeway, Henry R. Tilton, and Samuel M. Horton.

No promotions to the rank of captain from the list of first lieutenants will be made at present, as the law requires that they shall serve at least three years before being promoted, and those now holding the rank of first lieutenant were appointed in 1874. Assistant Surgeon John J. Milhan, who held the rank of major, has resigned, to take effect October 1, and upon the acceptance of his resignation Captain J. C. G. Happersett will be promoted to fill the vacancy. The number of assistant surgeons is now 120, leaving five vacancies in the corps. Applicants for these places will

have to pass a competitive examination before the Army Medical Board, in session in New York city.

The Yellow Fever.

The following telegrams mark the progress of the epidemic:—

Savannah, October 1.—The total number of interments to-day was 25, of which 17 were from yellow fever. Eight of the burials were colored persons. The total interments yesterday were 26, of which 17 were from yellow fever. Twelve of the burials were of colored persons.

New Orleans, October 1.—There is no mail communication with Texas via Morgan City, on account of quarantine. The New Orleans office is to send Texas mails via Memphis and Little Rock. The yellow fever in New Orleans has caused Galveston to establish a quarantine. The fever appears to be spreading over the entire South.

—Charleston acknowledges four sporadic cases of yellow fever traced to persons that had communication with quarantine and refugees from Savannah. Thus far the pestilence shows no signs of spreading in Charleston.

Veterinary Surgery.

In the Agricultural Building, at letter A, No. 24, J. W. Gadsden has an elaborate and highly instructive exhibit of specimens showing the anatomy, age, and disease of the horse, also the medicines and instruments used in the treatment of this most valuable member of the brute creation.

His exhibit consists of *one hundred and sixty* different articles, which naturally divide themselves into three distinct classes, namely, that illustrating the anatomy or structure of the horse, that having reference to the diseases to which the animal is subject, and, finally, their cure and treatment. Each of these subjects is illustrated in a skillful manner, either by cuts, diagrams, plaster casts, skeletons or bones.

The section devoted to equine diseases is very fully treated by cuts, diagrams, and plates, which even the novice in horse surgery will be able to take in at a glance.

Proper Action.

The Oxford Medical Society (Chester county, Pa.), at a recent meeting, passed a resolution that no feelings of professional comity should prevent a physician from testifying against another one who violates the laws of the State and the welfare of society in such matters as producing abortions or endangering life through inexcusable ignorance. Such sentiments are altogether sound.

Personal.

—Dr. Thomas Laycock, physician to Queen Victoria, died in London recently. Dr. Laycock was born in York in 1812, and studied his profession in the most advanced schools of London, Paris and Gottingen, at the latter of which he was graduated as Doctor of Medicine and Surgery. In 1855 he was appointed Professor of Practice of Medicine in the University of Edinburgh; in 1869, Physician to the Queen in Scotland, and at the same time was Lecturer on the Practice of Medicine in the York Medical School. He suggested the commission to report upon the health of towns in England; sketched a plan for state medical operations, and wrote several important papers on medical topics.

—On Saturday, September 23, Dr. Robert C. Shelmerdine died at his residence, southwest corner of Tenth and Parrish streets, Philadelphia, having attained the age of seventy-seven. Deceased was born in Baltimore, and in 1819 took his degree from the University of Maryland. He practiced in Baltimore until 1828, and then came to this city, locating at first at Milestown, on the Old York road. His residence for the last twenty-two years had, however, been at Tenth and Parrish streets. He was a leading member of the Twelfth Street M. E. Church, and served for two years as its Recording Steward.

—Dr. Leidersdorff was well paid for his attendance on the ex-Sultan, receiving 50,000 francs for his traveling expenses, 2500 francs a day, and lodging and attendance in one of the royal palaces.

Boston, September 26.—Dr. Charles E. Woodbury, a surgeon at the McLean Insane Asylum, while playing croquet with a patient yesterday, was attacked and beaten about the head with a croquet mallet in the hands of another patient. His injuries are probably fatal.

Items.

—The second annual meeting of the Indiana, Illinois and Kentucky Tri-State Medical Society will be held in the city of Vincennes, Indiana, November 21st, 1876. Prof. Byford, of Chicago, will deliver the opening address.

G. W. Burton, *Recording Secretary.*
Mitchell, Ind.

—Diphtheria is raging to an alarming extent in Sullivan county, New York. In the towns of Bethel and Cochecton a large number of deaths have occurred, principally among children.

QUERIES AND REPLIES.

Tyro.—No graduate of the so-called "Eclectic" College of this city merits recognition as a physician. Dr. Buchanan, late Dean of that institution, is now under arrest for trading in fraudulent diplomas.

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Original Department.

Lecture.

PARALYSIS FROM PERIPHERAL IRRITATION, SO-CALLED "SPINAL ANÆMIA."

BY DR. LEWIS A. SAYRE.

Delivered at Bellevue Hospital Medical College, Sept. 23d, 1876. Reported expressly for the Medical and Surgical Reporter.

I will try to make some remarks to you to-day, gentlemen, upon a subject of which we know nothing, or very little; being, on that very account, I suppose, one of the most important things I could bring before you, because it is a subject of which you have an opportunity of learning a great deal. It is a peculiar condition of the nervous system, producing paralysis more or less complete, sometimes complete, and a loss of co-ordinating power—the brain loses its control over the muscles—so that the patient is in a condition very much like that of a choreic child; you know that chorea has been termed, by an eminent English writer, an insanity of the muscles. The muscles act on their own account, involuntarily, and contract and extend themselves, without the controlling power of the person's brain.

This peculiar condition of the nervous system, produced by constant, persistent irritation—whether that irritation be excited at one particular part, either on the surface of the body, called *peripheral* irritation, or from some internal organ, called *central* irritation—by long continuance and persistent action, produces such an influence through the great sympathetic nerves as to reflect upon the whole system and produce the peculiar characteristic condition, the loss of controlling power, or co-ordination, as it is called; the person cannot co-ordinate, or direct, or control the movements of his muscles; and in connection with that is produced a certain amount of paralysis.

As I say, I know very little of this subject, except from personal observation, and no author except myself has ever even referred to the subject; I only saw it in 1870 for the first time, when I described it as partial paralysis from adherent prepuce, and irritation of the glans penis in the child. Seeing a number of cases afterwards, I presumed of course it was dependent upon irritation of the glans penis as a source of irritation; but I afterward found it connected with other causes producing the same effects. Since that time I have seen the same symptoms produced by a constant irritation over the perineal nerve—in one case, by an injury of a nerve in the thumb, the constant external pressing on a nerve that produced a continual irritation which, reflecting upon the nervous system, produced a paralysis—so that I am now satisfied that a peripheral irritation in any part of the body, continued for a long time, can produce this same reflex disturbance as when it occurs on the glans penis in the male, or the clitoris in the female. In a paper that I published upon this subject, I unfortunately put in the name spinal anæmia. But I do not know whether it was anæmia or hyperæmia, and don't think you do. I only give information as far as my observation goes, simply stating the facts. But we do not know enough, as yet, of this disease, and the exact pathological condition of the nerves. No post-

mortem has been made, and I do not know, therefore, what pathological condition of the nerves it is which produces this peculiar condition of things; all I know is, that the source of irritation that I have pointed out being removed, the symptoms subside, and perfect recovery, almost like magic, takes place.

I stated in that paper that it was anæmia, for the reason that, in some of the instances where the children lay in a horizontal posture, and the blood could be supplied better in that manner to the spinal cord, they had a partial control over their muscles: a child could put out his hand, turn his foot, and turn himself to one side or the other, and in some instances could swallow and speak; but as soon as put in the erect posture the blood seemed turned away from the spinal cord, and in an instant they would lose their power over their muscles in every direction.

It was on that account that I simply hinted that it might possibly be an anæmic condition of the spinal cord as the result of a constant priapism that continued morning, noon and night; a priapism so exhausting as to produce this paralysis. Such was my reasoning upon the subject.

The cause of the priapism is the irritation that is produced by adhesion of the prepuce to the glans. You know that in infancy there is an agglutination of the prepuce to the glans penis, normally, and that in a few years there is an unfolding of the prepuce from the glans, and it pulls itself away without any rupture of tissue, simply by normal development; but the adhesions I refer to are entirely different from the normal agglutinations of parts; it is where there is an absolute adhesion of tissue to tissue, and the glans and prepuce become consolidated into one mass; behind the corona is a space where the excretion is constantly deposited, and not being permitted to escape, this excretion is retained in the little space behind the corona, and the watery parts of it are absorbed, and the earthy portions remain, leaving a horse-shoe like concretion very similar to the tartar which you scrape from the back of your teeth. This hardened mass being imprisoned by the parts, keeps up a constant irritation here, the same as a chestnut burr, a file, or any foreign body, irritating the mucous membrane and getting up an inflammatory action, which, when you come to cut it down, and take off this circular mass, or smegma, leaves an eroded surface with granulations and effused blood, absolutely a raw surface; sometimes it is not so bad as this.

The effect of this constant irritation of the glans penis is to produce loss of sleep, loss of controlling power over the muscles, and inability to speak correctly; inability to walk, and a constant tumbling down; I have seen several cases of morbus coxarius produced by precisely this one cause, the priapism producing paralysis, and paralysis making them tumble down, and in the tumbling down they receive an injury ending in morbus coxarius, so that the ramifications of this trifling affair are so immense as to make it worth while having your attention turned to it.

Probably some of you gentlemen will remember, when referring to this subject last year, that I brought a little boy in here, a boy whom Dr. Hammond, who knows as much as any one else about the nervous system, had described in this condition, and gave a very philosophical explanation of it, and had this photograph taken of the boy to send to Europe, to have distinguished friends of his abroad throw some light on the subject. When he took the boy to the photographer he said, "That is the kind of cases Dr. Sayre cures." He had seen cases that I had sent there to be photographed. So the boy was brought to my house. I advised circumcision. He was brought back next day, but Dr. Hammond not being present, I did not operate on him. I did not hear from the child again until some time after. The father wrote me, from Philadelphia, a very grateful letter, saying that I had explained the case to his satisfaction, and he would have him operated on as soon as possible. Some two weeks afterward the child's uncle called at my house in a great state of fury, almost insane with passion. He was going to have me hung for murdering his nephew, saying that after he was operated on he was worse than ever; that I had fixed the child nicely, and that he was nearly dead. I explained that I had *not* operated on the child, and finally got at the facts about the matter. The mother, who lived at Hunter's Point, thought it was a very simple affair, and so she ran around to a physician near by—she was so anxious to have it done—and had the child circumcised. The child was brought to my office a few days afterward and examined. It seems that the physician had just pulled the prepuce forward and cut off a

little of the end of the string of external membrane and pulled it back without loosening the internal membrane. As a matter of course, the irritation caused by the pressure of the external cuticle against the corona of the glans only added to the difficulty. This man had made the mistake of cutting off the integument in a circle, the same as the Jew does; he then took the external membrane and carried it directly over, and the adhesion of the internal lining membrane to the glans was so complete that he had not fully uncovered the glans. It is very easy to make that mistake. The little delicate fold was so closely adherent to the glans that he thought he had circumcised the child, whereas he had only thrown back the prepuce.

We put the child under chloroform and circumcised it properly; peeled off the internal membrane with a good deal of difficulty—it required the knife to loosen its attachment—close to the urethra and the entire glans, and when it was pulled away a bloody surface was left. A little sulphate of iron stopped the hemorrhage. Behind the corona was a little half horseshoe of substance resembling the tartar that is scraped from the back of the teeth, which had produced an excoriation and was cutting deep into the glans. That was the last I saw of the child. Yesterday I received this card from the father.

SEPTEMBER 17, 1876.

DR. LEWIS A. SAYRE:—The child (W. P. N.) commenced to improve two weeks after his return from the country, and he is now perfectly well. No treatment whatever.

[SIGNED.]

I have sent for a little child of a gentleman, one of the teachers in a public school, who brought his child to my office; you saw him on the same day that I finished the operation on the other young one; this gentleman's child I have not seen but once. I sent for him this morning. I wanted to have the child brought here, but was told that the little fellow was sick with pneumonia and could not come. The father commenced to tell me the story. "Stop," said I, "you have watched this thing and know more about it than I do; I have seen them only in the different stages, and you have seen this case from the beginning." So I have had the father, Mr. McGuire, to come here this morning, and he will tell his story.

MR. M'GUIRE'S STORY.

Well, gentlemen, the first week of the little boy's life he never slept two consecutive hours. He was born June 7th, 1874. He was a very fine-looking child, very large for his age; at the end of the first week weighed over fifteen pounds. During the whole week he never slept more than two hours. At one time his mother was worn out with watching and taking care of him night and day, and to give him any sleep at all we had to give him a drop of laudanum.

Up to the first year of the child's life he never slept more than three consecutive hours in twenty-four, and continued to grow worse at night time. We would have to lift him out of the bed and rock him in our arms to get him quiet, and I noticed that he had erections of the penis. That might have explained to me what was the matter, but I never thought of it. He was very excitable, never lying still in bed in any one position. He kept knocking his head against the sides of the crib, sometimes standing up or sitting on the edge of his crib, and never remaining in one position more than five minutes. Whenever he did sleep during these three hours we speak of, we found him on his belly or face, with his legs all drawn up. That is the only kind of sleep he got. Of course this irritation had an effect on the kidneys; he wetted every three minutes of his life for the first eighteen months; at the end of the eighteen months we began to think he had some disease; it was not mere nervous disease; and several old women persuaded my wife that the boy had *worms*. I finally brought him to a homœopathic physician and he doctored him four months for worms. He gave him about three and a half pounds of santonine in homœopathic doses. Finally I said, "Look here, I would like you to give me some evidence that the child has got worms; my wife says she has never seen the child pass worms yet."

He said that he had come across people equally incredulous, but that he would convince me that the child did have worms, and that he would make up a preparation, and if I would give it to the child I should see worms next morning eighteen or twenty inches long. "If you will do that," I said, "I will believe that the child has worms."

He made up a preparation which he said was contrary to homœopathic rules, because this time it was strong [laughter].

I gave it to the child, and the following day we looked with all the glasses in the house to see if there were any worms. We thought one dose was not enough, so we gave him some more, but there were no worms yet. I told him about it. "Well," he says, "that is a mystery; you mean to say that the child didn't pass any worms?" I said I meant it, and that he had better give it up. I was getting thoroughly exhausted, and my wife was worn out for want of sleep. I had to give up engagements by which I could make money, for I had been going for two or three months without three consecutive hours of sleep in one night, except when we gave him laudanum or morphine. But we saw we might injure him by this course, so we stopped it. He had paroxysms of laughter and crying, a mixture of both, like hysterics. We could not do anything with him; no use whipping him or coaxing him; he would have his own way. I must confess that once or twice, in sheer despair, I did whip him, but it did no good.

Well, in the meantime the child did not lose flesh; he looked well enough. When we told people who came to our house about the child they thought we were lying. "What! a nice looking child like that can't sleep! but you know all about it."

About twelve or two o'clock I would have to get up and rock the child in my arms, and perhaps he would go to sleep a few minutes, but as soon as we laid him down he would knock around the crib and do all sorts of things. Finally I made up my mind to give him laudanum, for we were actually worn out. He was constantly crying or tumbling down, or upsetting things, and wearing his mother out, so that there was no rest for either of us.

Acting on the advice of a friend, though my treasury was sadly depleted by the homœopathic physician, I mustered up my courage, and on Sunday morning, May 1st, 1876, I took the child, then two years and three months old, to Dr. Sayre. He felt along the spinal column, and when he came to a certain point the child twitched his feet. He took hold of the penis and pulled the foreskin back. After he had done this, Dr. Sayre told me to bring the child to him next day and he would fix him; next day he operated on the child, splitting the foreskin upward and removing something which looked like a sliver of bone. It was hard enough to produce irritation. Ten days after the operation the child began to sleep, and now it is hard to wake him up in the morning. His health is first-rate, and he is getting so docile that we hope to train him, bye-and-bye, so that he will act like a white man's child, in three or four years." [Applause.]

Dr. Sayre:—That is a far more graphic description than I could have given you. [To a woman with a child in a condition similar to the one described.] How does that man's story correspond with yours? A. It is just the same, sir.

Case 1.—Dr. Sayre:—Here is a little boy that was brought to me. I was told that I would have to cut his tendons. On taking hold of his feet I found I could bring them straight, and I very soon saw there was nothing to cut. I examined the child and noticed what a curious expression was in his face, and taking hold of his hand he rolled about in every direction [illustrating]. Now he has sense enough to understand what is said to him. Then he was strangely idiotic in his expression.

[The child walked, held out his hand, lifted his foot and insisted on jumping, to exhibit his newly acquired powers, seeming much delighted to use his limbs]. He understands everything that is said to him now. Upon examination I found he had constant priapism. I told the father to bring him down as soon as cold weather came on and I would circumcise him and see what was to be done.

He came down Wednesday, while I was sick in bed. I circumcised him in my bed and let him go. Since that I have not seen him, but now he is all right.

This is almost a miracle; it is beyond the power of man to comprehend it unless you see these cases from the start. You see the result. For two years he was like a lunatic, an insane child. The other child was like an idiot, but this one was vicious, biting and tearing everything, and possessed with a perfect fury.

Case 2.—Here is a little girl whose case is a duplicate of that, which shows that the same disease occurs in the female as in the male. She could neither speak, nor feed herself, nor stand steadily. Her legs were crossed almost like this which you see here [showing photograph], the thighs very tightly flexed across each other, the adductor muscles as tense as a cable.

On touching the clitoris, she was thrown into a spasm with opisthotonos. By clipping the

clitoris, and having the legs kept apart with a piece of lath between the shoes to prevent irritation, you see the result achieved. She requires assistance in walking even yet. She now has a good memory, whereas before she had none; she can understand all that is said to her and can answer questions sensibly.

Two weeks ago that child was comparatively an idiot. The mind seems to have been developed like magic.

As to the boy, he is really sharp, and his grandfather, who saw him day before yesterday, is so bewildered that he cannot exactly comprehend where this young one has come from. He thinks that an angel has come into the house. He cannot understand where the other young one has gone.

Case 3.—Here is a case in which the same cause produced a disease of the hip. The constant tumbling down produced the diseased hip and ended in suppuration and a rapid development of the strumous and scrofulous constitution which was about to kill him. I circumcised him. He had at the same time hernia on both sides [causing the boy to exhibit his agility] That is a pretty good hip, gentlemen. That boy is perfectly recovered now; the whole cause of the difficulty was phimosis, producing a disturbed nervous system, ending in paralysis; the paralysis making him tumble down, produced inflammation of the hip joint, which went on to caries; and that is the whole philosophy of it. And yet you will find men to-day, men of the highest standing in the profession, insisting that there can be no hip disease unless there exists a previous scrofulous taint in the constitution.

Communications.

POST-PARTUM HEMORRHAGE AND THE USE OF THE PERSULPHATE AND PERCHLORIDE OF IRON.

BY W. T. CHANDLER, M. D.,
Of Campbellsville, Kentucky.

There is no question in the detail of the ordinary practice of midwifery of more practical importance to the accoucheur than post-partum hemorrhage. Often, when the first and second stages of labor have been completed with all desirable facility, the third stage of labor is ushered in with or followed by hemorrhage of a most obstinate and dangerous character.

It is unnecessary at this place, neither is it in accordance with the object of this paper, to detail the etiology and treatment of puerperal or even post-partum hemorrhage in an exhaustive résumé.

As is well known, all puerperal hemorrhage comes from denuded and patulous uterine sinuses, and nature's remedy is to diminish or obliterate these vessels by a direct contraction of the uterine tissue around them, and it is only when nature proves herself derelict in duty that the accoucheur is demanded.

But it is especially of post-partum hemorrhage that continues after the delivery of the placenta, or in cases in which the placenta is retained, either in whole or part, by morbid adhesions, on which we wish to offer a few practical hints.

To secure and maintain firm contraction of the uterus is the great desideratum in the after-treatment of all parturient women. Uterine laxity, though insufficient to give rise to hemorrhage, may easily promote the absorption of septic matter from the abraded uterine surface, and give rise in consequence to uterine phlebitis and systemic toxæmia of grave purport.

In post-partum hemorrhage the danger is immediate, and the remedy is demanded with no less celerity. To extract the placenta, and to secure firm uterine contraction, are the great principles of treatment.

Extraction of the placenta may be accomplished without any particular skill, except in cases involving morbid adhesion, in which cases it becomes necessary to sever the placenta from the uterine surface by physical force. A detailed explanation of this operation is, however, foreign to the purpose of this paper. In some cases, even with our best-directed efforts, we find it impossible to detach the adherent mass, or, if torn away by force, portions of its proper structure are left *in situ*.

Hemorrhage is a necessary concomitant of a partially detached placenta. Even very small portions of placenta left *in situ* are often the source of obstinate and continued hemorrhage.

During the winter of 1874 an otherwise healthy young lady came under my care to be treated for metrorrhagia. For about a month there had been a slow but persistent drain of blood from the uterus. The patient was spanæmic, pallid, and very enfeebled. On inquiry, I found that about a month previous she had aborted an ovum in the second month. The discharge from the womb was offensive. For

several days I applied a solution of persulphate of iron to the uterine cavity by means of a sound wrapped with cotton-wool, but finding this measure inadequate, I introduced a sponge tent and dilated the cervix uteri. Detecting, by the sound, adherent membrane, I scraped the cavity of the uterus with a curette, bringing away thus the disintegrating membrane from the womb, and I again applied the solution of persulphate to the internal surface of the uterus. There was no more return of the hemorrhage, and the patient made a good recovery. But it is especially in obstinate hemorrhage continuing after the delivery of the placenta that I wish to speak of intra uterine injections in hemorrhage dependent upon uterine inertia.

In our text-books this little operation is looked upon as a kind of dernier resort, a procedure to be enacted concomitant with the death-rattle. By many it is considered as preeminently dangerous, and by others as useless. To some minds it brings up the horrors of pelvic peritonitis, metritis, etc., in glaring colors. But in the few instances in which I have had occasion to resort to this operation (seven in all) it has never been followed in a single instance by any unfavorable results attributable to the operation. About two months since, I was called by a country practitioner to meet him in a case of labor. I found his patient, who had been in labor for three days, completely exhausted, with entire suspension of uterine action. Upon inquiry, I learned that the pains at first were very active, but becoming insufficient, he had administered ergot to secure stronger contractions. This finally lost its effect by continued repetition, and the uterine contractions became impotent, with the patient herself in a state of alarming prostration. I found, upon examination, a case of twin pregnancy, with the head of one child engaged in the superior strait of the pelvis. Convinced of the necessity of artificial aid and the extreme danger of further delay, I applied the forceps and delivered the first child by gentle traction. I then introduced my hand into the uterus, and securing the feet of the second child, brought them through the soft parts and delivered the second child also by traction. This was followed by a profuse gush of blood. I immediately extracted the placentæ; then passing one hand into the uterus, and placing the other externally, I kneaded the womb and scraped the clotted blood from its interior; but failed to excite sufficient contraction to control the hemorrhage. The patient was rapidly growing weaker, complaining of dimness of vision and a sensation of extreme faintness. Pulse frequent and feeble.

I immediately prepared a solution of perchloride of iron:—

℞. Tr. ferri mur., fl.℥ij
Aquæ, fl.℥vj. M.

This I injected into the uterus with a long-nozzled syringe, carrying the nozzle of the instrument well into the os. The result was a complete and immediate cessation of the hemorrhage, and the patient made a good recovery, without any unfavorable symptom further than would naturally accrue from an excessive loss of blood.

It has also been found that in cases where it is impossible to remove the placenta on account of morbid adhesions, the hemorrhage may often be controlled by intra uterine injections of the persulphate or perchloride of iron. I have never had a case in point, but I should certainly prefer it, under the conditions stated, to tamponing a flaccid uterus. No greater danger can be conceived of than an attempt to control hemorrhage from an empty womb by plugging the vagina. To my mind it is equally *mal apropos* to tampon for hemorrhage with the placenta *in situ;* we had better contend with an open than an occult danger.

I have nothing to say in regard to the evils of intra-uterine injections in the non-puerperal state; the evil effects originating from such practice are doubtless sufficient to prompt the physician to great caution in its use.

But in post-partum hemorrhage the question is different; it is life and death that ofttimes hangs upon the decision of the moment; there is no time to think of danger when the great *ultimatum* of all dangers, death itself, is staring us in the face; what is to be done must be done quickly.

Aside from this consideration, intra-uterine injections, though not entirely devoid of danger, are attended by as little if not less risk than the majority of operations which promise the same amount of good.

Furthermore, it is efficacious for the accomplishment of its aim; it will arrest the hemorrhage when all other measures fail, and should be immediately resorted to; other means show themselves inefficient.

The action of the persulphate and perchloride of iron is twofold. First, by direct irrita-

tion upon the uterine mucous membrane it is a strong incentive to active and efficient uterine contraction. Second, by coagulating the blood upon the surface and in the orifices of the uterine sinuses it offers a mechanical barrier to further egress of blood, and thus effectually puts a stop to further hemorrhage.

Slow but obstinate hemorrhage sometimes proceeds from partial laceration of the cervix, even when the body of the uterus is firmly contracted. In these cases the injection of the persulphate into the cervix uteri will be found to completely control the bleeding: *e. g.*, some time since a healthy Irish girl, pregnant, full term, came under my care; the patient was a primipara, the soft parts rigid and the child a large one; however, the accouchement was completed in good time, and although the uterus could be felt firmly contracted, through the abdominal parietes, yet the hemorrhage continued in a slow but steady stream.

By digital examination the hemorrhage was found to proceed from a fissured os. Passing the nozzle of a uterine syringe into the os, I injected about half an ounce of a solution of persulphate of iron, the effect of which was to arrest all further hemorrhage, and the patient made a good recovery.

I desire to lay particular stress upon the strength of the solutions used. I am satisfied that it is unnecessary to use either Monsel's solution, or the tr. ferri chlor., in full strength. One part of either to three of water has always answered my purpose satisfactorily. This diluted solution has the negative advantage of producing very little irritation as an after consequence.

In regard to the exhibition of ergot per os, for controlling post partum hemorrhage, it is plain that whatever action it may possess, that action is too slow to meet the immediate exigencies of the case. We have no time to administer ergot and water, for its effect, uterine contraction, must be secured by a direct stimulus. I have sometimes found a small lump of ice introduced into the womb, excite sufficient contraction. I do not repudiate the use of ergot in post-partum hemorrhage. Whenever the hemorrhage is slow, it will be found of service; it may also be given as an auxiliary to other measures to maintain firm uterine contraction, after this shall have been secured by other means.

Some accoucheurs are in the habit of administering ergot during the latter part of the second stage of labor, for the purpose of securing its good effect after the delivery of the child.

But when the usual measures fail to secure and maintain uterine contraction, the accoucheur should not hesitate to immediately resort to injections of persulphate or perchloride of iron, and no chimerical danger should deter him from his duty to his patient in this regard.

AMERICAN MEDICAL BROTHERHOOD.

BY FRED. HORNER, JR., M. D.,

Of Salem, Va.

In a late number of the REPORTER the editor has made favorable note of a scheme which has been inaugurated in Virginia, to establish a medical brotherhood, to be confined to the regular practitioners of this country. It is proposed to submit the question to the serious consideration of the profession, and especially to the members of the several State Medical Societies and American Medical Association at the next meeting, for adoption, and as a practical method and substitute for the more expensive plans of mutual life insurance. The aim and purposes of this organization will be to provide for the wives and children of deceased members of the Brotherhood who may need aid and will apply for it from this source.

In the Northwestern States, including the cities of St. Louis and Chicago, and in New York, Professors N. S. Davis and S. W. Gross have informed the writer that the profession has already initiated a benevolent Medical Association, numbering about fifteen hundred members. Professor Alexander C. Simpson, M. D., Edinburg, Scotland, and Charles I. Hare, M. D., London, England, made mention of the existence at the present time of a like society in their respective cities, but more largely endowed and of more general scope in the particular that these societies provide means of support to disabled and aged physicians, to the amount of sixty pounds per annum.

Hence it is perceived that both in the United States and in Europe this plan is not a novel one, and needs only further consideration to be applied to the profession at large, especially in the rural districts of our country, where too often a meagre support is obtained by the prac-

tice of medicine. Army and navy officers of the medical corps may not be directly interested, because of the fact that a liberal government usually provides a pension for their families when an appeal is made.

Now, in brief, let us state the plan of this proposed organization.

First, let the candidate for admission to membership be required to subscribe to the Code of Medical Ethics of the American Medical Association, and furnish a duly drawn up application, addressed to the secretary of the Brotherhood as follows: Name in full; post office address, County and State; age; whether in good health; for what time; and agree to pay to the Treasurer of the Medical Brotherhood, $2.00 on admission, and thereafter $2.00 on the first Monday in July in each year, or within thirty days, after notice has been given, by mail or otherwise, of the decease of a member to whose heirs said assessment of $2.00 is due; and finally, that on failure to pay the annual dues the applicant will acknowledge himself no longer a member of this Brotherhood. Witness my signature, etc., this day of ——.

The above is an imperfect outline of the proposed plan of a Medical Brotherhood in this country.

In conclusion, the appeal is made especially to the five thousand readers of the Reporter, and the thousands of humane and benevolent physicians throughout the United States, who rightly bear the mantle of the Good Physician. He failed not, on the cross, to make provision for the relief of the needy; the clergy and other bodies of men, have profited by His example. The younger members of the profession cannot fail to apprehend the advantages of such an organization to themselves and their families and to their medical brethren. In the country many neglect or are unable to incur the expense of regular insurance, and while it is true that physicians located in metropolitan and large cities realize handsome incomes and can otherwise provide for their families, this plan will meet the wants of those less provident and favorably situated. The American Medical Association has been in operation for nearly forty years; the kindred organization of the British Medical Association has perhaps an older origin, both bodies deliberating upon plans for the relief of suffering among mankind, yet neither have ever considered the claims of the needy who constitute their own households.

Medical Societies.

AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES—SEVENTH ANNUAL SESSION.

On September 26th the seventh annual session of the American Association for the Cure of Inebriates was begun in the College of Physicians, in this city. Dr. J. L. Mason, of Brooklyn, presided, and Dr. T. D. Crothers, of Binghamton, N. Y., acted as secretary.

After the reading of last year's minutes, a paper on the

Duration and Prognosis of Inebriety

was read by T. D. Crothers, M. D., Assistant Physician in the New York State Inebriate Asylum, Binghamton, N. Y. He said:—

Inebriety, as a cerebro psychal disorder, beginning obscurely, followed by complex perversions and degenerations, has a distinct duration, mortality, and prognosis, which can be understood proportionally to the accuracy with which the history of every case is studied. Unlike other disorders, it follows an uncertain, variable course, sometimes appearing suddenly, with a rapid, fatal issue, or coming on slowly, with long uncertain pauses, or seeming to permanently die out, and beginning again with greater complication. Generally its origin and growth extend over many years, then it bursts into great activity, beyond self-control, and is recognized as inebriety. Dating from this time, the average expectancy of life is affirmed to be ten years. Or more especially, from the time that inebriety becomes thoroughly uncontrollable, death follows directly or indirectly within ten years, unless lengthened by treatment. Many reasons confirm the assertion that inebriety is of less duration than formerly. Inherited degenerations are more frequent, and serious organic complications, bad living, irregular work, extremes of life, unhealthy brain work, and all means which lower vitality and lessen the resisting power of nature, predispose more actively to fatal termination.

The severe mental strain incident to our peculiar civilization, with its struggle for wealth and power, precipitates this affection. Inebriety of to-day is associated with a class of physical and organic symptoms unknown to older observers, and the lesions following are manifest in forms of nervous disorders, profound and wide-reaching. In two classes of inebriates the expectancy of life is short—the morbidly sensitive and the stolidly indifferent. The former have a very acute nervous system, and a consciousness of their condition that borders on extravagant hope or crushing despair. The latter have innate conceptions of their disorder, and seem to be governed by passion and instinct, with a nervous system responding feebly to the changes of sentiment or reason. Here inebriety goes on without mental obstacle.

Prognosis of Inebriety.—Inebriety may be

said to have an unfavorable prognosis when it originates in injury to the brain, or a general wasting disease, or comes suddenly, without any particular cause; when it appears in good surroundings, and in those who live regular lives. Over ten years' duration, beginning before twenty-five years and after fifty; in those who have no regular business or occupation; who possess eccentric, untrained will power, and limited education; who have no fixed home or family connections; who are paroxysmal drinkers; who have an initiatory period of beer, cider, soda, but seldom begin at once to use strong stimulants; those who smoke and chew excessively; who have excesses in living and labor; who have nervous and cerebral disorders, and who exhibit a predisposition to inebriety, insanity, or any of its varied forms. Many others were mentioned which constitute the general landmarks which appear more or less prominent in every case, and indicate the great diversity of causes and conditions governing the prognosis.

The following summary contains the majority of the facts contained in Dr. Crothers' paper:—

The duration of inebriety is governed by many complex causes and conditions, which seem to be growing more intense and fatal.

The mortality of inebriety, either directly or indirectly, equals that of the most fatal diseases, but under proper treatment at asylums the recoveries may exceed that of any other cerebral and nervous disorder.

Every case presents general and particular indications, from which we may predicate its future recovery or fatality with comparative certainty.

A careful study of these indications points out the conditions of body and mind that intensify or antagonize the development and progress of this disease, also the circumstances and surroundings influencing it.

Every case has a natural progress from stage to stage, governed by causes that are distinct or obscure, simple or complex, which may be recognized and understood.

A further study of this subject will enable us to discriminate between hopeless and favorable cases, and adopt such measures as are best suited to its successful treatment.

At the close of the reading the paper was discussed by Dr. Graeff, Superintendent of the Franklin Reformatory Home; Hon. E. G. Lee, of Frankford; Drs. McKenzie and Day, of Massachusetts; Mr. Willetts, of the Franklin Home; Mr. Wilkins, of Chicago, and others. It was shown that a large percentage of reformations took place after the victims had reached the age of forty years.

Edward C. Mann, M. D., Medical Superintendent of the State Emigrant Insane Asylum, Ward's Island, New York, then read a paper on

The Relation and Hereditary Tendency between Inebriety and Epilepsy.

He said very little attention has, as yet, been devoted to the relation and hereditary tendency existing between inebriety and epilepsy, although a very close relation undoubtedly exists between them. Careful examination reveals a large number of persons affected with epilepsy whose parents or ancestors have been addicted to intemperance. There is a very close analogy existing between the paroxysms of a dipsomaniac, where there is often a stage of nervous disturbance which may incapacitate the patient for mental labor, and the convulsions of an epileptic whose paroxysms of intense nervous excitement are generally preceded by the "aura epileptica," the difference being that in the former case the paroxysm lasts for weeks, perhaps, while in the case of an epileptic it lasts but a few moments. As we often see the two diseases existing in the same person, it becomes impossible not to infer a similarity of origin. We have in both instances accumulated and pent-up nervous force, or irritation, which finally expends itself, in the one case, in the overstrained indulgence, in the irresistible impulse to indulge, in alcoholic stimulants, and in the other in the convulsive movements of epilepsy.

There would seem, beyond all doubt, to be a co-relation of force which results in the mutual convertibility of these two diseases. It is not an unusual case to find in the various members of different generations of the same family different phases of the neuroses, such as insanity, epilepsy, phthisis, chorea, or inebriety, showing beyond all doubt co-relation of morbific force in hereditary diseases.

I believe most firmly that the morbid condition of nerve element or morbific force induced by inebriety is indelibly impressed upon, or is transmitted to, the ovum at the time of conception, and that this morbific force lies dormant in the system until developed by an adequate exciting cause, and that the hereditary neurosis thus often skips a generation, leaving no appreciable manifestations of its existence in the intermediate generation. When this morbific force does manifest itself, next to the transmission of the predisposition to inebriety comes unquestionably epilepsy. From my experience the children or grandchildren, while infants, are generally affected with convulsions, which may prove fatal, but more often tend to assume an epileptiform type as the child advances in years. I have repeatedly noticed in patients who did not have complete epileptic seizures, epileptic vertigo, which passed off almost instantly, but which for the time evidently abolished consciousness partially, if not entirely. The brain of such children is often morbidly active, and too high pressure in education or an unnatural forcing process during the formative period of childhood often results—especially in girls, during the period of constitutional evolution, a time at which the organism is under physiological conditions that predispose to pathological states—in disturbances primarily of the organs of respiration, circulation, and digestion, and secondarily in the production of hysteria and epilepsy, by over-stimulating a brain

already morbidly active and predisposed to disease, upon the application of even comparatively trifling exciting causes.

After an exhaustive review of the causes and relation of inebriety and epilepsy he concluded with the following:—

Prognosis.—In epilepsy occurring in the inebriate himself as the result of the morbid irritability produced in the central nervous system by his excessive drunkenness, we may reasonably expect an ultimate cure if there is no structural change in the brain which has resulted from the course of inebriety.

I have had three such cases of recovery of epileptic patients, in the cases under my charge during the past year. On the other hand, when the disease occurs in the offspring of intemperate ancestors, as the result of the hereditary tendency, it depends more certainly upon structural disease of the brain, and as a general rule I have found that the more frequent the recurrence of the epileptic convulsions in such patients, and the deeper the impression which they leave behind them, the less hope is there of ultimate recovery. D. G. Dodge, M. D., Superintendent of the New York State Inebriate Asylum, Binghamton, New York, read the next paper, entitled,

"Inebriate Asylums and their Management."

After showing the relationship which exists between inebriety and insanity, he said:—

It is of the utmost importance that the rules for the government of the patient should be strictly, yet kindly, enforced, as they are absolutely necessary for the recovery and for the comfort and well-being of the patient. Without an implicit obedience to judicious rules, the vital objects of the asylum cannot be obtained.

The first step essential to the cure of the patient is the renewal of that self respect and self control which will compel him to consider his cure not only desirable but imperative. To effect this the patients should feel that they are on the same footing and subject to the same treatment. The most intimate associations should be encouraged, and naturally will be, with those who are earnestly engaged in the same honest purpose. But so long as human nature remains unchanged, the division of patients into two general classes is unavoidable.

There are those who submit willingly and cheerfully to the rules necessary to the successful management of the institution, and there are those who, from disease or willfulness, or both, persistently neglect the same. After the lapse of a specified time, at the discretion of the superintendent, to the first class may be conceded favors and privileges from which the second class will rightly be deprived. This kind of classification would be reasonable and just; any other classification would be unreasonable, if not impossible. With this sort of distinction or classification incentive to reform is placed before the patient as soon as he puts himself under the discipline of an asylum.

This kind of promotion in prospect will stimulate the self respect and ambition of the patient in his own behalf.

He set forth at some length the best means of managing such institutions, after which a general discussion followed on the paper.

Dr. Beard read the next paper, entitled, "An Inquiry into the Causes of the Increase of Inebriety in this Country," which occupied the time up to the hour of adjournment.

The meeting was well attended by the profession of the city, and the importance of the subjects under discussion was fully acknowledged. As they are of a character which so directly concern the public welfare, it is satisfactory to add that the city journals also indicated considerable interest in the sessions of the Association.

RHODE ISLAND MEDICAL SOCIETY—QUARTERLY MEETING.

The quarterly meeting of the Rhode Island Medical Society was held in Providence, September 10th, Dr. E. M. Snow, President, in the chair.

Dr. W. E. Anthony, Secretary, read the records of the annual meeting, which was approved.

Dr. Eldredge, delegate to the International Medical Congress from this Society, read a written report of his attendance upon the meetings of the Congress, which were very interesting and instructive, with brief references to many able papers read, which report was received, and, on motion, a copy requested for publication in the proceedings of the Society.

Dr. Geo. D. Collins, also a delegate to the International Congress, reported verbally upon the order of proceedings of the Congress, the number of delegates in attendance, and the various nations represented, and the admirable system of all the meetings of the Congress and the various Sections, and the report was received.

Dr. Ballou, of Woonsocket, described his treatment of a case of cerebro-spinal meningitis which occurred in his practice, in which he administered croton oil with gratifying success, his patient recovering from a very dangerous condition.

Dr. S. Clapp, of Pawtucket, who was called in consultation by Dr. Ballou, made a few remarks upon the case, concurring with the views of Dr. Ballou in his successful use of croton oil in the case, which he considered a very dangerous and doubtful one when called to it.

Dr. E. S. Caswell presented and read an interesting paper upon the subject of "Stricture of the Urethra," with a detailed account of his method of treatment in fifteen cases at the Rhode Island Hospital.

Editorial Department.

Periscope.

Remarks on Apoplexy.

In a lecture on Cerebral Hemorrhage, in the *British Medical Journal*, Dr. Julius Althaus remarks:—

Among the various points which influence the issue of such attacks as just described, the *age* of the patient is a most important one. Clinical experience has shown that the young recover more easily from the complaint than the old; and the result of my researches on the mortality from this disease in England and Wales during the last forty years, enable us to give considerable precision to this point. A large number of infants die of apoplexy in the first year of age; but these are mostly cases of meningeal, and not of cerebral hemorrhage. Of the latter there are hardly any instances between the first and fifteenth year of life; after fifteen they are "few and far between"; but at thirty-five there is a perceptible increase, and the numbers then gradually swell, until they reach an immense maximum, between seventy and seventy-five years of age. Between seventy-five and eighty the mortality from this complaint is still very large, while after eighty a rapid fall sets in; but, considering how few people are still alive at eighty and the subsequent periods of life, the fatality of cerebral hemorrhage does actually increase rather than diminish as age advances. I am, therefore, able to state in general terms that cerebral hemorrhage is of slight significance up to thirty years of age; that its fatality increases *pari passu* with years; and that *the greater the age, the less is the probability of recovery from cerebral hemorrhage.*

While, therefore, age must, in every individual case of this kind which may come under your observation, largely influence your opinion about the patient's prospects, you should know that *sex* has no such influence at all. It is true, that it has hitherto been generally assumed that males are more liable to die of apoplexy than females; but my investigations of this point have conclusively shown that such is not the case; that the sexes die in almost equal proportions of the disease; and that the slight excess which is found to exist is for women and not for men, the proportion in two hundred thousand consecutive cases being 1000 for males, to 1009 for females. From this you will perceive that for the purpose of prognosis sex is devoid of practical importance.

The *constitutional condition* of the patient has, on the contrary, a most important bearing on prognosis. Where cerebral hemorrhage occurs from leukæmia or contracted granular kidney, the prognosis is unfavorable. Gout and syphilis are likewise undesirable complications, while the absence of constitutional faults will, *cæteris paribus*, render the patient's prospects more hopeful.

Finally, *treatment* may incline the balance towards recovery or death. The treatment by venesection, which was formerly much in favor, was thoroughly irrational, and generally followed by disastrous results; indeed, many patients have died of the remedy rather than of the disease. Venesection has lately fallen into disuse; but the condition of the brain during cerebral hemorrhage is not one of congestion, as was formerly believed, but of anæmia; the organ not only loses blood largely, but is also, from compression of its arterioles through the clot, unable to receive a fresh supply of the reviving fluid; death in this disease takes place chiefly from anæmia; and by resorting to phlebotomy, you simply increase cerebral anæmia still further, and thereby hasten the fatal result. *Eschew the lancet, therefore, as a deadly instrument in these cases.*

A simply expectant plan of treatment is recommended by the most recent writers on the disease; and there can be no doubt that abstaining from all active interference is far better than to bleed your patient. Molière, on his death-bed, cried out to his doctors: "Laissez-moi mourir, mais ne me tuez pas!" and the expectant plan of treatment certainly does not kill the patient, it only allows him to die. In spite, however, of recent authorities for doing nothing, a more active mode of treating cerebral hemorrhage seems to me to be called for.

Your object must be to arrest the further effusion of blood from the ruptured coats of the miliary aneurisms, by causing the vessels to contract. Now, many styptics must be inapplicable for these cases, because the patient cannot swallow, and even if medicines were introduced into his stomach, it seems most doubtful whether they would be absorbed. Nor can the rectum be used for the purpose of affecting the circulation, as there is frequently paralysis of the sphincter ani, and inability of the bowel to retain its contents. The hypodermic mode of administering medicines seems, therefore, to recommend itself, particularly in these cases; and the remedy I think most appropriate for them is ergotine.

There are two kinds of ergotine known to chemists, viz., Wiggers' and Bonjean's. The former is insoluble in water, ether, and dilute acids, but soluble in alcohol, strong acetic acid, and caustic potash; and, on account of these peculiarities, it is not suitable for subcutaneous injection. Bonjean's ergotine, on the other hand, is easily soluble in water, and it is this therefore which you should use. I am in the habit of injecting a grain of it every hour, or

where the symptoms are very urgent, even every half hour, into the subcutaneous cellular tissue; and, although the experience of a single observer, in a disease like the one now under consideration, cannot count for much, yet I feel justified in recommending you to follow this practice, as being likely to save many lives.

On "Ingravescent" Apoplexy.

At a meeting of the Medical and Chirurgical Society, Dr. Broadbent remarked that Sir Thomas Watson, following Abercrombie, described three forms of apoplectic attack: the first sudden, with loss of consciousness and stertorous breathing; the second beginning with sudden pain in the head, faintness, and vomiting, followed by gradually increasing coma; the third characterized by sudden hemiplegia, without loss of consciousness. To the second of these modes of attack the term "ingravescent" had been applied. Its charac teristic features were absence of loss of consciousness at the outset. gradual accession of symptoms, and speedily fatal termination; and the cause was invariably found to be a large extravasation of blood. The object of the communication was to show that not only is the hemorrhage large in these cases, but that its situation is, within certain limits, constant, and also that an anatomical explanation can be given of the phenomena of the attack. The seat of the hemorrhage was described as being the outer side of the extra-ventricular corpus striatum (lenticular nucleus of foreign writers). between this ganglion and the "external capsule;" and the explanation offered was as follows:—The large amount of blood extravasated arises from the large size of the vessels here found, and from the slight resistance opposed to the effusion; and the absence of loss of consciousness is due to the fact that there is little laceration of fibres or compression of the brain. The situation and relations of the clot are best seen by opening out the fissure of Sylvius, when the convolutions of the island of Reil will be found to be obliterated and spread out over the effused blood. Afterward, by the usual sections, the further course of the extravasation into the ventricle or into the substance of the hemisphere can be traced. The following case was related:—A man, aged fifty, was suddenly seized with giddiness and slight mental confusion; left hemiplegia was early noticed, but there was no loss of consciousness. He was brought immediately to St. Mary's Hospital; and, though a little excited, he gave an accurate account of the circumstances attending the attack. There was left hemiplegia, with relaxation of the paralyzed limbs; no distortion of the face, but extreme conjugate deviation to the right of the head and eyes; marked hemi-anæsthesia affecting the face and body as well as the limbs; slight reflex action on tickling the left sole. The pulse was 108, long and firm, but weak. A tendency to sleep became manifest; and the nature of the case being recognized, an attempt was made to bleed. Three veins were opened in the arms, but only a trifling amount of blood could be obtained; the jugulars could not be made to fill sufficiently, and vomiting interrupted further proceedings. The patient continued to sleep, but could be roused till about eight hours after the attack, when stertor suddenly set in; he was then found to be quite unconscious, and in about twenty minutes he died. During the final stertor, the lateral deviation of the eyes ceased; the heart was felt to beat for seven minutes and a half after cessation of respiration. On post-mortem examination, hemorrhage of large amount was found to have taken place between the corpus striatum and external capsule, flattening out and distending the convolutions of the island of Reil, forming a cavity along the outer side of the corpus striatum and thalamus two and a half or three inches long, and penetrating the lateral ventricle by a fissure extending almost the entire length of its outer angle. All the ventricles were filled with blood. There were hemorrhages into the lungs, spleen, and liver. The kidneys were contracted and granular.

An Alkaloid in the Brain and the Liver.

The *American Journal of Pharmacy* states that F. Selmi asserts that in examining the brain or liver for poisonous alkaloids, if after treatment with ether it is extracted with amylic alcohol to ascertain if morphia is present, and the solution is evaporated, a yellowish residue is obtained partially soluble in dilute acetic acid. On adding a drop of iodized hydriodic acid to this solution after it has been concentrated at a gentle heat, and immediately examining it under the microscope (650 diameters), brown crystalline plates will be observed, sometimes solitary, sometimes united to form a cross, and rapidly disappearing, being transformed into brown oily drops. The same phenomena are observed even when the acetic solution has been evaporated to dryness and heated for some time to 120°, if the residue is again dissolved in water and tested with the iodized hydriodic acid. As these crystals closely resemble those produced with morphia by the action of the same reagent, it is always necessary in toxicological researches to apply the iodic acid test. On agitating the amylic extract with water several times, the alkaloid is dissolved out, yielding an alkaline solution, which, after being acidulated with acetic acid, gives the above-mentioned reaction even more definitely. The quantity contained in the brain and liver is, however, very small.

When examining the green heads of the wild poppy for morphia, by exhausting them with alcohol, mixing the extract with baryta, and finally treating it first with ether, and then with amylic alcohol, the author observed that the amylic solution behaved in a manner pre-

cisely similar to that obtained from the brain and liver; the acidified aqueous extract giving fugitive crystals identical in form and color with those previously mentioned; no morphia, however, could be detected; neither did the dried capsules contain any alkaloid giving these reactions. On keeping the alkaline solution obtained by agitating the amylic extract with water, it lost its alkaline reaction after a week, and no longer gave the same kind of crystals with the iodized hydriodic acid. The solution, saturated with acetic acid, may, on the contrary, be preserved unaltered if mixed with an equal volume of alcohol. The author gives a list of the reactions of this alkaloid with 13 different reagents, which reactions are identical, whether it has been prepared from green poppy heads or from the alcoholic extract of the brain. This should be made with absolute alcohol, then precipitated by basic acetate of lead, filtered, and mixed with ether; this produces a second precipitate which is to be removed, and the clear solution evaporated after the lead has been separated by means of ammonium sulphide. The second lead precipitate produced by the ether, when decomposed in a similar manner, yields a substance differing from the new alkaloid, in that it does not give any precipitate either with the iodide of potassium and cadmium, or with Mayer's reagent.

Bromohydric Acid.

Dr. Milner Fothergill, in a short communication to the *British Medical Journal*, states that the acid can be obtained by dissolving ten ounces, six drachms, twenty-eight grains of potassium bromide in four pints of water, and adding thirteen ounces, one drachm, thirty-seven grains of tartaric acid. The bitartrate of potash is precipitated, and the hydrobromic acid remains in a clear, bright, almost colorless fluid, possessing an acid taste and the ordinary acid properties as well as the peculiar properties of potassium bromide, as compared with any other salt of potash. Dr. Fothergill has had a twelvemonth's experience of the drug. It prevents, he finds, the occurrence of headache, which some people suffer from, after taking a dose of quinine. It is useful in nervous conditions, and, combined with quinine, is excellent in those cases where there is much nervous exhaustion from excessive indulgence in tea or in alcohol. It proves very serviceable in forms of excited action of the heart connected with general nervous excitability or nervous exhaustion. Given with quinine (of which it is a capital solvent) it gives better results than the bromide of potassium and digitalis. In all hysterical conditions, connected with ovarian excitement, it seems to have all the properties of the bromide of potassium. It is equally useful in the vomiting of pregnancy, and seems to exercise quite as powerful an influence over acts of reflex origin as does the bromide. It is especially adapted for the relief of hemorrhage associated with sexual excitement, and is even more effective here than the bromides themselves. It is also of use in whooping cough, combining conveniently with quinine. With spirits of chloroform and syrup of squills it forms a most agreeable and palatable cough mixture. Where there is gastric irritability it is the most useful of all acids. The dose, prepared as above, is one drachm as a full dose.

The Advantages of Flat Pessaries.

At a a recent meeting of the Société de Thérapeutique, Dr. Garral presented a new pessary, which he termed the "flat ring elastic pessary." He had found that ring pessaries with rounded edges, brought in contact with the internal surface of the vagina, do not always admit of exact application over a sufficient extent of surface, and are liable to glide away. The ring, moreover, is liable to assume the vertical position, instead of remaining horizontal, and thus to present its upper portion to the os uteri. To remedy these inconveniences, M. Garral has had elastic ring pessaries constructed, which are flat, light, and of small size. They are lighter and less thick than the old rings, and possess, on this account, a double advantage. Being more raised, they compel a reflexion of the vagina toward the uterus, so that this canal loses so much of its length, maintaining the organ more in its physiological position. The flat rings being more hollowed out than the round, the os uteri has more space for its lodgment, especially when enlarged. These rings are easily elongated by compression at opposite points of their circumference, rendering their introduction easy by the patients themselves.

Chronic Bright's Disease in Norway.

This is the subject of a monograph, by Dr. E. Bull, reviewed in the *Lancet*. In reference to pathology, Dr. Bull declares himself as in accord with the subdivisions of Drs Grainger, Stewart, and Bartels. He has thus three classes of disease—viz., that typified by the large white kidney, of which he has only observed seven fatal cases; that known as the cirrhotic, or granular kidney, of which eighteen examples occurred to him; and of the remaining group—viz., cases of amyloid kidney—no fewer than sixty-three fell to his share. The comparatively large number of the latter form of disease cannot fail to attract notice, and the author himself draws attention to it. The etiological history of the amyloid kidney is the same in all countries, and the striking fact about these statistics is the relatively small amount of the granular and inflammatory kidney. It would appear that granular kidney is rare in Norway. This is the more evident, when we find that the eighteen cases collected are out of a number of 1837 autopsies made at the Rigs Hospital in fifteen years. The author remarks that cirrhosis of the liver is equally rare in that country.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Clinical Lecture on Plastic Dressings in Fractures of Lower Extremity. By D. W. Yandell, M. D. The essence of this pamphlet is the value of timely dressings to broken bones. The author's views are given as the products of a varied experience, and vindicate this practice. His judgments are strongly marked, but it is to his credit, that he makes no apology for them.

——Orthopedic Surgery. By V. S. Lindsley, M. D. This essay, though only seven pages long, has more sweep to it than half of the dissertations that are more arrogant.

Tenotomy in Club-foot is questioned and discouraged, in a very philosophical exposition of the law governing varus. He will not sever the tendon of a healthy muscle to set at ease a diseased set. His plan, which is certainly fair, is to infuse new vigor into the paralyzed fibres, or to help on their nutrition. This theory is the most physiological that has ever entered works on orthopedy, and must be refuted in an exhaustive analysis of the processes at play before it can be quashed.

——"Chorea, its Cause and Treatment." By George T. Stevens, M. D. A better caption would have been the relations of chorea to erroneous refraction of the eye. The doctrine, though very recent, is boldly supported. The association of chorea with hypermetropia is clinically proven, and the new pathology forced on us in spite of our prejudices. The substantiation of the maxim is never dim nor warped, and the treatment which these revelations intimate augurs greater relief for those that twitch.

——"Climato-theraphy of Consumption." By S. E. Chaillé, M. D. The benefits of altitude in phthisis are in this paper established, and the necessity of founding mountain sanitaria for the tuberculous exhibited. The author is no jobber in health institutions, but scientifically acquaints the reader with the relations of temperature to pulmonary diseases, and alludes curtly to the various favorable sites for sanitaria in our land, particularly in South Carolina, The article closes with an introduction to the only American mountain resort, at Asheville, whose atmospheric peculiarities have been properly stu lied by the writer.

BOOK NOTICES.

Liver Complaint, Nervous Dyspepsia, and Headache. Their Causes, Prevention, and Cure. By M. L. Holbrook, M. D., etc. New York, Wood & Holbrook, 1876, pp. 141.

This book is popular in character, much of it in the style of the health articles in the *Herald of Health*, of which its author is editor. It is a style with which scientific medicine has little in common. For example, on the treatment of sick headache our author makes the sweeping assertion, "Pills and powders are of no use, but rather do harm." As to the possible ingredients of the "pills and powders" he says nothing, but speaks of them as if they always contained the same materials. Such absurdities repel intelligent readers.

Transactions of the College of Physicians of Philadelphia, vol ix. For sale by Lindsay & Blakiston.

The reader of the Reporter will find in this volume the papers read before the College of Physicians in full. Abstracts of them he has already seen in this journal. The College is marked, in its *Transactions*, by signal ability, faithfulness in observation, moderation in theorizing. The book is handsomely printed and sufficiently illustrated.

A Contribution to the Treatment of Uterine Versions and Flexions. By Ephraim Cutter, A. M., M. D. Second edition, entirely rewritten. Boston, James Campbell, 1876. Cloth, 8vo. pp. 216. Price $1.50.

Dr. Cutter's various inventions in order to relieve the suffering from malpositions of the womb are here set forth, with diagrams and illustrations. These inventions have proved of a serviceable nature in many cases, and we have occasion to know, have gained the confidence of the profession. They are not patented, and this satisfies many, although the author, in the preface to this edition, acknowledges to have experienced some of the evils attending the neglect of this provision. Various instrument makers make and sell pessaries on his model, leaving out the very feature he most values. A patent would prevent this, and thus benefit both the patient and the profession.

Some of Dr. Cutter's peculiar ideas are included in his chapter on the Prevalence of Version and Flexion. He thinks they are in a measure owing to impoverished food, and he classes starch and starchy products among those articles of diet most to blame.

THE

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RECENT CONTRIBUTIONS TO THE TREATMENT OF PHTHISIS.

With no diminution whatever in the annual mortality from phthisis, with the opprobrious fact still staring us in the face that it is many times more fatal than the most dreaded pestilence, everything which can throw light on its accurate diagnosis, its early recognition, its minute pathology, and its prevention and therapeutics, deserves the closest attention.

Among recent writers on the subject we have heretofore quoted Dr. A. B. Shepherd, physician to the Victoria Park Hospital for diseases of the chest, London, whose lectures have been presented in the *Medical Press and Circular*. Speaking of the therapeusis of the disease, he remarks:—

"The key to any rational treatment of the disease is probably to be found in a careful consideration, in any individual case, of the present condition of the phthisical process—whether it be still active, or for the time being, stationary; and of the constitutional habit of the patient—whether of the weakly excitable type, characterized by excessive reaction, or of the vigorous more heavy one, in which reaction is less marked."

Cod-liver oil, he believes, is often administered in too large quantities. Beyond four drachms daily, as an average, does not seem to be assimilated. The excess passes out with the fæces, and acts as an irritant. His general conclusions as to the forms and relative danger of phthisis, are summed up as follows:—

"That the commonest form of pulmonary consumption in this country is due, in the first instance, to an intra-alveolar and intra-bronchial catarrh, accompanied by proliferation of the epithelium more or less rapid; followed generally by impermeability and disappearance of the alveolar capillaries, and by changes in the septa of the alveoli; and resulting in the destruction of lung-tissue; the whole process giving rise to the clinical symptoms of phthisis.

"That the same clinical symptoms of phthisis are caused by the pathological changes present in chronic bronchitis and emphysema, and in other cases by fibroid growth of the alveolar septa themselves, leading to the disappearance of their cavities.

"That catarrhal pneumonia is the most common accompaniment of any affection of, or even injury to, the lungs; and that its occurrence often gives rise to the appearance of bodies possessing, to the naked eye, all the characteristics of the 'tubercle' of authors.

"That there is nothing in common between the pathological results of acute tuberculosis and those of chronic cheesy degeneration of the lungs, except it be in the occasional presence in the latter of the secondary lymphatic products almost always, if not always, to be found in the former.

"That the cheesy form of pulmonary phthisis ought not to be looked upon as one absolutely hopeless and fatal.

"That, in the majority of cases of this form of phthisis, the whole bent of our treatment should be against repeated and chronic inflammations of the lung, in the sense of catarrh of the air-vesicles and finer tubes, and as far as possible in aid of increased assimilation and nutrition, especially in the encouragement of those methods of hygiene which consist not only in change of air and climate, but in the

more ordinary matters of baths and suitable clothing."

The conclusion reached in the last sentence is that of other late observers. We find communications in the *British Medical Journal* of June 3d, and July 15th, in favor of the "open air" treatment of consumption. The following case is illustrative:—

"An officer in a regiment contracted phthisis when stationed in the south of England. He was under medical treatment some time, and had the usual sick-leave, but, on his return to duty, got worse again in the same way. The next time, he was invalided with the upper lobe of the right lung seriously involved, in the third stage, with cavities; and he was examined by the usual Medical Board, and finally he sold out of the service and regiment. Under medical advice, he took to traveling about this country and the Continent, to riding on horseback instead of walking, and attending meetings of the hounds frequently. Two or three years then elapsed, during which his case was withdrawn from my observation; and I was then surprised to meet him one day in the summer, at Lord's Cricket-ground, looking quite recovered.

This report by Surgeon Major W. T. Black, leads him to formulate the proposition:—

"It is living in the open air in a fine climate that is really beneficial for consumption, and not the mere climate of itself."

If this is not new it is at least too often forgotten.

A friend of ours, a medical gentleman, who has suffered from phthisical symptoms and has traveled largely, has lauded the climate of Northern Africa as best suited for open air life in winter. The recently published book of Dr. Arthur Lared, "Morocco and the Moors," informs us that at Tangier the accommodation is good and the cost of living decidedly cheap. The ordinary summer temperature ranges between 78° and 82° F. The mean temperature of winter is about 56° F. As an example of the steadiness of temperature, the author states that of twenty-three observations made by him at almost every hour of the day and night, between September 15th and 23d, inclusive, the thermometer ranged between 72° and 78° F., while the mean was 74.2° F. Mogador, although approaching the tropics, has a beautiful and enjoyable climate, and, in spite of sanitary imperfections, the town is remarkably healthy. Its accommodation for European visitors is, however, as yet very limited.

An English journal contains the information that an establishment for the treatment of the phthisical is about to be opened in Algeria. The physician is Dr. Landowski, and the French Government have such confidence in him and such approbation for the project that they have conceded one hundred and ninety-nine hectares of land between Cherchell and Tipasa as a site. Salubrity combines with natural beauty to make the establishment an attractive one; while one feature of Dr. Landowski's treatment will be the use of camel's milk, for the supply of which the French Government have granted pasturage and other facilities.

Meanwhile we may add that Dr. Churchill's famous remedies, the "hypophosphites," have little value.

The latest observer, M. Charteris, of Paris, giving some cases in the *Lancet*, comments upon them thus:—

"These cases are faithful examples of the use of the hypophosphites in phthisis, either in the form of lime or soda. That the medicine is not inert its power of checking night-sweats evidences, and also its influence in giving tone to the system, if by this is meant increase of appetite and general cheerfulness. Without expressing a definite view on the subject, I have been somewhat forced to the conclusion that if the hypophosphites did no good, they certainly did harm, and in some measure hastened a final issue by increased fever, as indicated by a higher temperature. While acknowledging the benefit derived from their use, as testified to by patients themselves and by competent witnesses, I am of opinion that they should by no means be used indiscriminately, and that when given their effect should be carefully watched by daily thermometric observation."

In an exhaustive study of phthisis, its relations to certain physiological and other pathological conditions must receive much more attention than has hitherto been the case. There are such conditions which hasten and predispose to the development of tubercles, and others which appear to exclude or limit their growth.

Of the former, the puerperal condition has long been known as a serious complication. Dr. Ruehle, in his study of the subject, says that the particular modes in which this acts unfavorably are at present unknown. It has received additional study lately, at the hands of Dr. M. F. Ortega, who makes it the subject of a thesis presented to the faculty of Paris. The following are among the chief conclusions arrived at by the author, as a result of investigations in ninety-five cases. Phthisis has, in the first place, a marked effect upon conception; thus the author only met with thirteen out of his ninety-five females who, after the commencement of pulmonary symptoms, bore more than one child, and a third pregnancy was very rare in such circumstances, although many of the women were multiparæ. In all these cases the phthisis was in the first and second stage; in one only it was advanced. In this case there was an abortion at the fourth month, and death shortly after. As to pregnancy, more than one-third of the cases aborted or were premature deliveries, and reckoning only those who had a tubercular history, in but one-half did the pregnancy last till full term. Phthisical mothers are, moreover, unable to suckle their offspring, for setting aside ten cases in which phthisis developed during and probably under the influence of lactation, only eleven out of sixty-four infants were suckled by their mothers, and these infants, healthy at first, soon showed signs of insufficient nutrition, and died with enteritic symptoms. M. Ortega's cases show also that pregnancy hastens the evolution of phthisis to a marked extent, delivery being rapidly followed by the death of the mother, although the first days of the puerperal state are generally marked by a considerable abatement in the pulmonary symptoms. Both pregnancy and lactation he regards as exciting causes of phthisis in predisposed subjects.

On the other hand, zymotic diseases seem to be in some sense antagonistic to tubercle. Several times in this journal we have adverted to the alleged, and, in fact, probable immunity which, in many instances, an attack of small-pox confers on a constitution predisposed to tubercle.

In a recent report, Dr. Laneran, surgeon to the military hospital Val de Grâce, at Paris, calls attention to the difference between the deaths from typhoid fever when those from consumption are numerous, to what they are when it is not prevalent. He proceeds:—

"Must we renounce the attempt to explain this regular balancing which we observe, especially in the army, between zymotic diseases and tuberculosis? Do we see in it the effect of an unknown force, an antagonism between certain diseases? On the contrary, I believe that the explanation is easy and simple. In November and December the arrival of the contingents gives rise to a considerable development of contagious diseases, for then there is overcrowding of the barracks, and all kinds of contagions find among the young soldiers arriving from the country a soil very suitable for their development. Hence the epidemics of typhoid, small-pox, measles, mumps, etc. Gradually the morbid predispositions become exhausted, and the zymotic diseases disappear, and tuberculosis, which is of slower germination, then becomes predominant. Among a military population the arrival of recruits exerts a considerable influence on prevailing diseases, an influence which must not be confounded with that of the seasons."

This may be the correct explanation, but some observers claim to have noted a similar discrepancy in civil practice, and it is by no means sure that the antagonism to which he alludes does not exist. While giving the full benefit of his explanation, it is questionable whether it is sufficient. Further and closer observation is demanded to settle this important question.

Notes and Comments.

The Metric System.

The Hon. James Yates (an Englishman), after protracted inquiry and investigations in the schools and among those best able to judge of the matter, reported that the complete adoption of the decimal, in place of the present English, weights and measures, would save two full years in the school-life of every child educated. In our country the saving would be something less, because of our adoption of the decimal currency; but the most conservative teachers acknowledge that something like this amount of time would be saved each child if our present confusion of measures were entirely replaced by the International or Metric System. Regardless of the much greater commercial and international claims of the new system, it is certainly one of the most prominent educational questions now before the people, and there was ample room for the association recently incorporated in Boston as the American Metric Bureau.

Uterine Hemorrhage.

Dr. R. Windleband brought to the notice of the Berlin Medical Society his success with injections of hot water *per vaginam* in the treatment of all forms of uterine hemorrhage dependent upon imperfect contraction of that organ, particularly in abortion. The application produces active contraction of the organ, and arrests the bleeding. After an experience of two years with the remedy he says, "*that we have in hot injections an invaluable and sure remedy for all uterine hemorrhages*, which is preferable to the application of cold or any astringents at the moment when we need to give immediate help."

He does not claim originality, but says Dr. Mann, of Rhode Island, published two cases, some time since, and that the latter also read of the treatment in a medical journal.

Advance in Dental Surgery.

More than a year since, Dr. George H. Perine, of New York city, introduced to the dental profession the Galvanio-Cautery Battery, strongly recommending its employment in oral surgery. The advantages set forth are that the operation is instantaneous, painless, without shock, and without hemorrhage, which is of great importance in operations in the mouth. So delicate are such operations, and particularly difficult is it to control the hemorrhage from vessels that cannot be conveniently ligatured, the cautery becomes invaluable. Dr. Perine recommends this instrument also for treating alveola abscess, hemorrhage after extracting teeth, cauterizing nerves of the teeth when exposed, also for obtunding sensitive dentine, the instrument may be applied, he says, with the most happy effect, and thus facilitate the after operation.

Dr. Perine performed for a lady, a few days since, a very delicate and successful operation with the cautery, removing a large tumor from the mouth, which he performed in a very short space of time, much to the gratification of his patient, also the professional gentleman who witnessed the operation. By the means that the doctor has introduced, and with his improved instrument, the practice of oral surgery becomes emendated, and is shorn of very much of its terrors and dangers.

Correspondence.

International Medical Congress—Section on Otology.

Ed. Med. and Surg. Reporter:—

The Section on Otology was organized by Dr. L. Turnbull, of Philadelphia, chairman. On consultation with Dr. C. H. Burnett, it was resolved by him to decline the honor so kindly conferred upon him. Dr. Turnbull then stated that since the inception of the Congress in the County Medical Society, by his friend, Dr. Stetler, he had endeavored by all the means in his power, as a member of the committee of arrangements, etc., to further the success of the Congress. Dr. Turnbull willingly and gladly resigned the chair to his distinguished friend, Professor Blake, of Boston, who, although not old in the study or practice of otology, had done much to elevate and advance it. Dr. C. J. Blake, of Boston, was then unanimously elected chairman of the Section, and H. N. Spencer, of St. Louis, secretary. On taking the chair, he expressed his appreciation of the honor conferred, in a neat speech, and returned his thanks, not only to Dr. Turnbull, but also to the members of the Section.

The first paper read was on the "Importance of Treatment of Aural Diseases in their Early Stages, especially when Arising from the Exanthemata," by Dr. A. H. Buck, of New York city.

After discussion, the following conclusions of the reporter were adopted by the Section, and the entire paper was recommended for publication.

1st. Chronic otorrhœa is, at the present time, a very common disease, due in most cases to the

want of proper treatment during the acute stage of the affection.

2d. It is by no means a harmless affection.

3d. It may be fairly classed as a preventable disease, at least among those who possess a healthy constitution.

4th. Paracentesis of the membrana tympani, if resorted to during the first few days of the acute attack, and if not carried out too timidly, *i. e.*, if a free incision be made and not a mere prick, is almost a sure preventive of the subsequent chronic disease.

5th. The profession at large, and especially the medical schools, should give the subject more earnest thought than they have in the past.

On the second day a paper was read by Charles H. Burnett, M. D., entitled, "What is the Best Means of Testing the Hearing?" We were not present on that day, and are not able to give an abstract of it.

On the third day the most interesting and practical paper was read, and we regret that so few were there to hear it. It was entitled, "In what Percentage of Cases do Artificial Drum-Membranes prove of Practical Advantage?" by Dr. H. N. Spencer, of St. Louis. This paper gave rise to a most interesting discussion.

Dr. Spencer considered his subject in the following manner:—

1st. After reviewing the history of the artificial drum membrane, there are considered, (*a*) the condition of the ear admitting of its use; (*b*) contra-indicating conditions.

2d. The forms of artificial drum-membranes, under which a preference was given to Yearsley's cotton-wool.

3d. The offices performed, functional and therapeutical.

4th. When the conditions are the most favorable, it will be claimed that the cases are the fewest in number where the artificial drum-membranes will be worn, whether the reasons be objective or subjective.

The conclusions drawn by the reporters were unanimously adopted by the Section, and the paper recommended for publication.

On the fourth day, by some irregular arrangement, the Section did not meet in the morning as usual, and we failed to be present, and can only give the title of the paper as printed, with the three divisions, but not the author's conclusions: "What is the Best Mode of Determining the Hearing of School Children, and how should Partially Deaf Children be Instructed—in Mixed Classes, with those that hear well, or in Separate Classes, where due allowance will be made for their defective hearing?" Reporter, Clarence J. Blake, M. D., Instructor in Otology in Harvard University.

I. The methods of testing the hearing, preference being given to (*a*) test with the human voice, as proposed by Oskar Wolf, for classes of consonant sounds at varying distances; (*b*) tests with the watch or musical tones. In cases of defective hearing detected in school children, an examination of the condition of the ear will be advised with reference to progress in defect of hearing and classification accordingly.

II. Classification according to degree of defect in hearing, in accordance with which it will be advisable either to place the child in an ordinary school or in a special class. This heading will necessarily include a consideration of the diseases which most commonly cause deafness in children.

III. Consideration of that class requiring special instruction, for which preference will be given to the system of visible speech, or lip reading, in contrast to the sign language.

Under the first heading will be given a form for tabulation of examination of the ears in school children.

Under the second heading will be considered the facilities at present afforded in common schools for the instruction of partially deaf children.

Under the third heading an illustration of the method of instruction by visible speech.

On the fifth day the Section met in the afternoon, to accommodate one gentleman who had his clinic in the morning, and listened first to the reading of a paper entitled "Aural Vertigo, with Variable Hearing," by Dr. Charles H. Burnett.

The point urged by the writer of this paper was that many cases of aural vertigo have been falsely diagnosed as Ménière's disease. This subject was fully discussed, and numerous instances were reported in which all the symptoms of false Ménière's disease were present. The discussion also took a wider range, including various agents which produce temporary tinnitus, as, for instance, quiniæ and its salts. Most of the speakers agreed that the deafness induced by this agent was of a temporary character.

The second paper was read by Dr. L. Turnbull, of Philadelphia, on the "Proper Selection of Schools, as well as the Several Methods of Educating the Deaf and Dumb."

Bell's method or system of visible speech gives the pupil a knowledge of the concealed parts of the mouth and throat used in articulating, by means of drawings, etc., also of the movements of each part, so that he or she is better able to gain conscious control over them. This method of writing any sound that the pupil may utter serves to interest them in the practice of the elements, and combinations, which gives them great power over their organs of speech, and obviates the necessity of informing them that a sound is wrong if it is not the one the teacher wishes to obtain. It is the practice of those who teach this system to write all sounds in the visible speech symbols, and especially those that are essential in English speech. The symbolizing of odd sounds also leads the pupil to think and study about the parts of the mouth that produce them.

He then discussed the following questions:—

1st. What is the best method of classifying deaf children, and whether it is advisable to place them in an ordinary or a special class of school?

2d. How many deaf-mutes are capable of receiving "Bell's method of instruction," and should the attempt be made to instruct all deaf-mutes by articulation or in the sign language?

If a child can hear sufficiently well to understand the teacher when near him, the ordinary school is decidedly better than a special school for him.

Children sometimes become deaf after learning to talk and to read. Such children may profitably attend an ordinary school, provided the parents or teacher will take time to explain their lessons; if this is not done, the child often recites, "parrot-like," without understanding what he has learned, and goes over a great deal of ground with very little profit. This has been the experience of teachers of the deaf-mutes even when the pupil has learned to read the lips quite well.

Congenital deaf-mutes attending an ordinary school may learn to write, or rather to copy, and may perhaps get some ideas of numbers; but the teachers of such schools do not know how to reach their pupils' minds, even if they had the time to teach them. As a rule, such children might as well be at play, except that school occupies their time and their thoughts. Another advantage, however, is gained for the deaf children, that is, in their mingling as much as possible with those who hear.

If a child cannot profit by the instruction given in an ordinary school, let him, if possible, have a private teacher, not necessarily in his own home, as he is not always subject to the best government there.

If he needs stimulating, it may be well to place him in a class with four or five others who will classify well with him. If this cannot be done, let the child be placed in a school or institution where the instruction is especially adapted to the deaf.

If children are too deaf to profit by the instruction of the common school, and yet have had sufficient hearing to have through the ear acquired speech, instructors of the deaf are nearly or quite unanimous in the opinion that such should be taught by articulation and lip-reading. Their experience would lead them to say, "Let the attempt be made, if possible, to teach every deaf child in that way."

Of one hundred and sixteen pupils in the "Clark Institution for Deaf-Mutes," three have been dismissed as incapable of learning articulation and lip-reading, and one because she required more individual instruction than could be given her. She has, however, since been taught, so that speech and lip-reading are her means of communication in her own home.

Some of the remaining number of pupils (congenital mutes) speak imperfectly, but in every instance well enough to be understood in their own homes; while some of the indifferent speakers are fair in lip-reading, an acquisition as valuable as that of speaking.

Many of our congenital mutes speak so as to be understood by strangers, and will, we expect, make speech and lip reading a successful means of communication throughout the world.

This paper was approved of by the Section, and referred to the Committee on Publication.

After the termination of the second paper, Dr. L. Turnbull introduced the following practical subject for discussion, "On Bathing, Swimming, and Diving, as a Cause of Aural Disease," and made the following remarks:—

Bathing in river or sea water is, when wisely and properly regulated, both healthful and pleasant. He considered swimming and diving in cold water an important and frequent cause of disease of the auditory canal and anterior surface of the membrana tympani, also of the middle ear.

The evils attending bathing and swimming in cold water are the entrance of this cold fluid not only into the external meatus, but as far as the membrana tympani, causing inflammation of the lower portion of the auditory canal, also the anterior surface of the membrana tympani. But the greater evil is sudden deglutition during diving or swimming. While the mouth, nose and pharynx are filled with cold water, the mouths of the Eustachian tubes open by the cold, and a portion of the water passes into the middle ear. This result rarely occurs in expert swimmers or divers, but is most apt to occur in young beginners, who suddenly, from cold, or the shock of the contact of the water, breathe or swallow in a sobbing manner. Yet we have known it to occur in old and experienced swimmers, owing to the intense coldness of the water, while plunging head foremost into the water, the act of deglutition being entirely involuntary. If the water is not removed by placing the head on one side and drawing the external ear forcibly outward, shaking the head at the same time, and opening the mouth, it will cause inflammation, with the formation of pus, followed by perforation of the membrana tympani; or being neglected, it passes backward by the cochlea and labyrinth to the brain, and may terminate in death.

It is a well-recognized fact among those who devote special attention to diseases of the ear that no cold fluid should be allowed to enter even the external auditory canal; still, this important fact is not well recognized by the medical profession at large, or by the laity.

In the case of warm water, its entrance into the ear is less objectionable, but even it is not quite free from danger, and has its disadvantages, and should in all cases have a few grains of a saline body like borax, soda, or common salt, when employed in washing out the ear.

The symptoms of water in the middle ear are in the first stage an uncomfortable sensation, followed by earache or pain, which, after a time, becomes agonizing, with tenderness behind the auricle.

In proof that water constantly applied to the ears is injurious and causes deafness, we might cite a number of instances, but it is a well-known fact that dogs who are thrown into the water

become deaf. Many cases of this form of disease in its chronic form have come under treatment during all seasons; but acute cases from swimming and diving occur during the summer months, and chiefly in young boys from eight to sixteen, a much smaller number occurring in the fall and winter. If the acute form is promptly treated entire recovery takes place, but should the case apply after the chill it is always followed by perforation of the membrana tympani, followed by a discharge of a shorter or longer duration. In cases not recognized the symptoms of violent headache, furious delirium and coma give the physician an impression that it is disease of the brain, and so treated terminates in death.

The pathology in its first stage is acute inflammation of the extremely delicate mucous membrane lining the middle ear. This inflammation is followed by effusion of fluid, and after twenty-four hours by pus; it is in every instance attended by fever, with swelling and inflammation of the naso-pharyngeal space and great pain. If this fluid or pus is removed by an incision of the membrana tympani, followed by the air douche and hot water, the patient recovers and the ear is saved. The patient remains deaf for several weeks, and the local application of tincture of iodine, with or without some anodyne brushed around the back of the auricle, facilitates the removal of the thickening. To diminish the discharge of pus, should it continue, employ powder of salicylic acid and starch blown into the meatus, and after a time wash out and dry, and re-apply twice a day.

The subject was discussed by every member present, and the conclusions were mainly adopted by the Section that the "bad effects are brought about by sudden inhalations of cold water into the middle ear."

The Section, after passing a vote of thanks to its officers, adjourned *sine die*. Q.

News and Miscellany.

The Health of Philadelphia.

The Boston *Advertiser* states that several physicians of that city who were in Philadelphia during the recent sessions of the International Medical Congress took especial pains to investigate the sanitary condition of the city, and said that the general health of Philadelphia is as good as ever it was, and that the average is better than that of most American cities. The annual mortality rate for the week ending September 9 was 20.15 to 1000 of the population. The rate for Boston the same week was 23.88; for New York, 24.79; for Chicago, 27.73; for Worcester, 32.57.

The rate has continued equally favorable since then, and the rumors of sickliness, so industriously circulated by New York papers, are simply false.

Hard Rubber Instruments.

The pessaries, specula, sounds, etc., made by the Hard Rubber Accommodation Works, of this city, having been sold through this office for several years, we have asked the opinion of a number of purchasers as to how they stand the test of use. Their replies are very favorable, and convince us that the praise we have accorded these instruments, both in material and design, has been well placed. We add a few opinions:—

Dr. S. L. Chase, Colchester, Conn. "None of my patients want to part with their supporters. All prejudice has died out."

Dr. J. Charles, Lincoln, Pa. "Staufer's supporters work excellently so far; I shall recommend them."

Dr. C. J. Reegan, Canal P. O., Ind. "The first I ordered was for simple prolapse. It has acted like a charm. The lady says she would not be without a supporter of that kind for one hundred dollars."

Dr. J. F. Ross, Clarion, Pa. "The supporter you have sent is a success, and the patient is well pleased with it."

Dr. J. R. Humphreys, Hartsdale, Pa. "The lady says she has received from it the only comfort she has had for years."

The Yellow Fever.

This epidemic has undoubtedly extended as far north as New York. Several cases have been reported from that city the past week. Meanwhile the deaths from the disease in Savannah continue at the rate of ten to fifteen a day. A number of the most prominent citizens have suffered from it.

The medical profession of Galveston decided, last week, that the necessity for a quarantine against New Orleans no longer existed.

The frosts of Oct. 7th and 8th, the first of the season, may be supposed to prevent further advance of the epidemic; but the escape has been a narrow one.

Mushroom Poisoning.

The following dispatch was forwarded from Newark, N. J., October 5th:—"Several persons at the Connecticut farms, Union county, were poisoned on Monday last by eating toadstools by mistake for mushrooms. One of the party, Miss Emma Baker, of East Orange, died to-day, and two others are dangerously ill." If the physicians who attended these cases had subscribed to and read the Reporter, they would have saved these patients by the timely administration of atropine or daturine (see cur. vol. p. 175).

Animal (Heifer) Vaccination.

According to the Report of the Milan Committee for Animal Vaccination, there have been vaccinated under their auspices during the

period 1869–75, 69,740 individuals, 11,608 of these being primary vaccinations, and 58,832 re-vaccinations. Of the 11,608 vaccinations, 8912 exhibited genuine results, and 115 spurious results; in 288 no effect was produced, and in 2293 the results were not verified. Of the 58,132 revaccinations, 18,169 furnished genuine results, 3847 spurious results, and 22,960 no results at all—the remaining 13,156 not having been verified. After trail of all the various means for the preservation of the lymph, most decided preference is given to glycerine.

The "Geneva Cross" in Turkey.

The "red cross" of the Geneva Convention is not appreciated among the Bashi Bazouks. Dr. Lenk, an Austrian Surgeon, was captured on one of the battle fields and brought before Assef Pacha. The latter, mistaking the red cross which the Dr. hastened to display as a bold insult to the crescent, cut him down with his scimetar. Several other surgeons met the same fate, through a like misapprehension.

German Society of Physicians and Naturalists.

This society met in Hamburg, Sept. 18. The attendance was large, and the papers of much interest. We shall at an early date present abstracts of some of them.

Personal.

—Joel S. Oatman, an old physician of New York, died in that city on October 1st. Dr. Oatman was born in Rutland, Vermont, in 1807, and came to New York at an early age, where he acquired a fortune in the pursuit of his profession. He was an early and late friend of Horace Greeley.

—Mrs. Susan Perkins, known as "Aunt Susy," died on the 29th ult., at Sucasunna, New Jersey, aged 101 years.

—Dr. P. L. Greenleaf, a prominent physician in the valley of the Juniata, died in Thompsontown on Monday.

—Madame Girard de Grandoignes, aunt of the celebrated savant and academician, Flourens, died recently in Paris, aged 106 years.

—Dr. Simon, Professor of Surgery in the University of Heidelberg, died on August 27th, at the age of 52.

Items.

—In the latter part of March from fifty to sixty deaths took place daily at Rio de Janeiro, from yellow fever.

We learn from *L'Union Médicale* that the building of the new Hôtel-Dieu in Paris is being actively pushed on. The old Hôtel-Dieu is to be demolished before the opening of the Exhibition in 1878.

QUERIES AND REPLIES.

Spontaneous Orgasms.

A correspondent in New York wishes suggestions to control spontaneous noeturnal orgasm. The patient is a widow, aged 35. Health feeble, uterus normal, slight dyspepsia, bowels regular, no local lesion. Has tried, internally, all the narcotics and tonics usually exhibited.

We suggest vaginal and rectal pessaries of belladonna, liq. plumbi subacetas, or opium, with decided counter-irritation on the lower back, over the origin of the genito-crural nerves. The experience of others will be welcome.

J. D. V., of Indiana, asks what best will conceal the bitter taste of quinine. The most popular articles are liquorice powder, strong black coffee, and malic acid.

J. G. C., of Pennsylvania.—"Will some of your subscribers inform me, through the MEDICAL AND SURGICAL REPORTER, of a good female seminary in the South, where the climate is mild and healthy during the winter months?"

BIRTHS.

—GARRISON.—At De Witt, Arkansas, September 20th, 1876, Flint Garrison, son of Dr. J. B. and Mrs. Guinare Garrison.

MARRIAGES.

GREENLEAF—SAWYER.—At the residence of the bride's father, September 28th, 1876, Stephen Greenleaf, M. D., of Bloomfield, Iowa, and Miss Mary Lillian, daughter of S. H. Sawyer, M. D., of Unionville, Iowa.

DEIHL—CHARDON.—On Monday, September 18th, at the residence of the bride's mother, Ellen R. Chardon, by Rev. William T. Eva, Dr. Howard Deihl, of Gettysburg, and Hattie W. Chardon, of Philadelphia.

DREW—BEACH.—In Saybrook, Conn., Wednesday, October 4th, at the residence of the bride's mother, by Rev. J. E. Heald, Dr. Frank H. Drew, of Salem, Conn., and Isabella Ives Beach.

GRAVES—LANSDOWNE.—At Greenville, Ohio, September 21st, 1876, Dr. S. G. Graves, and Miss Lucy G. Lansdowne.

HOWE—BAILEY.—In Northfield, September 5th, by Rev. William S. Hazen, Herman J. T. Howe, M. D., and Lucy S. Bailey, both of Northfield.

RICHARDSON—NEVINS.—On the 28th of September, by Friends' ceremony, Dr. Elliott Richardson and Aehsah W. Nevins, both of Philadelphia.

STONE—GILROY.—On the 3d instant, at St. Matthew's Protestant Episcopal Church, by the Rev. D. O. Kellogg, D. D., Edward R. Stone, M. D., and Virginia, only daughter of W. L. Gilroy.

YOUNG—ALLEN.—At Christ Church, Bordentown, N. J., on Thursday, October 5th, 1876, by Right Rev. John Scarborough, D. D., assisted by Rev. N. Pettit, Dr. Irence D. Young, and Bertha B., daughter of the late Colonel Joseph W. Allen, both of Bordentown, N. J.

DEATHS.

HUNT.—September 25th, at No. 48 West 36th street, D. Brainerd Hunt, M. D., aged 30 years.

SHELMERDINE.—In this city, on the 23d ultimo, Robert C. Shelmerdine, M. D., in the 77th year of his age.

OATMAN.—In New York, on Monday morning, October 2d, Joel S. Oatman, M. D.

SMITH.—At the residence of his son, Dr. Henry M. Smith, Spuyten Duyvil, on Tuesday, October 3d, John T. S. Smith, aged 71 years.

THE

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Original Department.

Lecture.

TREATMENT OF VARICOSE ULCERS.

BY GEORGE L. BEARDSLEY, A.M., M.D.

LECTURE IV.

(*Continued from Volume xxxv, page 24*).

Unlike others, these do not signify any worthy change under topical medication. As all inflamed surfaces, however, do not part with that principle of absorption known to sound structures, hopes are often nursed that this or that agent may be imbibed and smite the evil promptly. An English writer has so much confidence in this medium, that he volunteers for varicose sores doses of flour, gluten, *et cetera*, as food to them, on the divination that the tissues are starved and that the ulcer is no less than the silent plea of the impoverished member for aliment. An equally fallacious variety of speculation has directed lotions, caustics and unguents, as if the local outrages could not be fathered upon mechanical causes solely, but were of a purely inflammatory hue. The tendency of all therapeutics on the case has been to handle these ulcerations as in no wise contingent on a morbid condition of the vein. The blunder is strongly grave. The varicose are as quickly differentiated in their clinical associations as are the syphilitic. Their history and rise can be quickly traced, and it takes little exploration of these chasms to determine in what direction their conversion to healthy soil is to be attempted. This ulcer is the lawfully begotten issue of a varix, and is fed by its decay. The state of the veins must first be reformed. If successful, the sore will either of itself revive, or its restoration by other means will become attainable. To reconstruct the vein, we must ease it of every pressure and bolster it. To this end, some contracting envelope, as elastic hose or laced stockings, are in vogue. That, if a good fit, these are a comfortable auxiliary, is not to be denied; but I am convinced, after a varied experience with them, that they are not the best model of a compressing surface; that they many times aggravate the sufferings they are designed to relieve, by immoderate or imperfect shrinkage; that the real intention of them or their working is not fairly estimated by the patient who puts them on or removes them as his whims or convenience persuade him. I have no desire to insult the judgment of my senior surgical friends when I say that at clinics and hospitals such cases are seldom given much attention; the limb is rarely examined, nor the general health criticised, but a stocking is advised, as though a respectable trick to appease the patient, or a lazy evasion of a trial of more tedious or expensive manipulations with the limb.

The purpose of elastic bandages is, of course, to force, by a uniform contraction, the blood in the superficial to the more deeply-seated vessels. This compression is seldom of the same degree, some veins remaining as tufty as ever, other branches put under such a stricture that their canals are almost closed, to which depreciation may be added, that, if the stocking is loose, or of highly elastic fabric, it avails nothing as a contracting dressing, but really retards the free exertions of the limb. As a rule, stockings do

not keep their relations true, lose stiffness, from the constant strain on them. The ideal kind of support for such limbs is better approached by *iron bandages* or *strapping*. The success from these measures among the working classes, where nine of every ten varicose curiosities are paraded, has anticipated my greatest expectations. The bandage is not to be used until the limb has been made ready for it. The limb is first immersed in warm water, vigorously rubbed, and the sore washed with liquor sodæ chlorinatæ. Taking a rubber cord, give it several turns around the foot, and carry it, by successive rounds, two inches above the site of the ulcer. Securing it there temporarily, pass a separate cord around the leg once or twice, just above the last coil, and fasten it. The other cord, the first, is now to be loosened, when the several varices will be found to have lost their form or size, and the irregularities of surface somewhat remedied. Take now a roller of new cotton cloth, half-an-inch wide and three yards long, and saturate it in solution of ferri subsulphas (liq. ℥j to aq. Oj). Begin half-an-inch from the toes, and envelope the foot with it, by nine or ten turns, each covering one-fifth of the preceding circle. In this graduated way, continue the roller up the leg as far as to the rubber-cord, crossing the ulcer as though an unbroken spot, in tense and neat folds. The free tail of the bandage is then bound down by adhesive strips, the rubber-cord untied, and the same solution of iron poured on the bandage until well wet. A cotton-stocking is now drawn over all, and the patient discharged, with orders to report on the fifth day. Since this practice was instituted, the apparatus of Esmarch has been brought out, and drafted into service in these cases. Of three hundred and fifty-five varicose ulcers, two hundred and ten were treated by the iron bandages, and all closed except twenty-seven. Of these, twenty-five told of specific dyscrasiæ, and with not a few evidences of necrosis were associated. All were charity-counters. The method known as "strapping" is no more than bandaging by plasters. The limb is prepared as for the other procedure, but in addition to removing the debris, the ulcer should be scarified. The loss of blood should be just enough to unload the heavy vessels, and then the border is to be touched with caustics, to start more life into the sluggish absorbents, and to shut the gaping vessels. Slips of adhesive cloth are cut an inch wide, long enough so that when thrown over the limb either end will lap the other by just two inches. These are denominated *tail-strips*. Two other pieces of plaster are now cut, two and a half inches wide, measured from heel to knee, and called *lateral bands*. I now put the centre of each tail-strip in the median line of the bottom of the foot, and carry the free ends over until they lap. These cross-strips must be applied with firmness, as if to push the blood upward. Describe a similar series of ascending coils on the leg, over the *lateral bands*. Let care be taken that the tails encircle the limb like a creeping-bandage, that is, so that every turn joins, not covers, its predecessor, and in a slanting line. Forty have been strapped by me, and thirty-one cured.

The preference for either method is to be settled much by the condition of the skin, and the number and size of the varices. The "adhesive splints" give less, or are retained longer in situ. The "iron bandages" can be arranged with greater nicety, contract moderately, and promise a little, perhaps, by keeping a styptic in contact with the absorbents, to curdle some of the currents. If the skin is eczematous or œdematous, plasters will not be well received, while the bandages annoy less but need renewing frequently. If the varices are numerous and large, "plasters" give to the patient more of a feeling of support, and relieve fears of rupture.

Again, when the veins are sacculated extensively, bandages cannot be adjusted so as to avoid an isolation of one or more coils. It is impossible to furnish laws or evidence to guide individual cases. Either plan will not disappoint; a trial of one may teach the superiority of the other in many points.

Other measures have been put in print for the reduction of varices, such as excision, and injections. These are fraught with too much hazard. The plan of arousing adhesive inflammation is not practicable, in view of the habit and mode of life of those usually in this way annoyed. If accepted, the eschars ought to be few, small, and not deep. Whatever the procedure, if it purposes to cure varices by obliterating the veins, I have no faith in it. Nature has provided too many collateral branches which are destined to receive the surplus or expelled blood in case the usual channels are made impervious. The parietes of these vessels in turn expand and burst under the swelling tide. Such a practice is an own sister to the

species of reasoning that would make "one fire burn out another's burning." Better let out the blood than turn the current into side-streams, whose banks must overflow.

So far we have been instructed, in essaying to cure a varicose ulcer, to go a step back and lay the axe at the root, the varix. Beside the bandaging or strapping, we are to help the skin retrieve its soundness. The œdema is to be reduced by puncturing the skin and by fomentations of digitalis. The limb must not be bound up until the effusion has subsided. If the border of the ulcer or tissue around is red, indurate, and hot, leeches must be used, followed by hot lead-washes. Ice-water dressings will sometimes decidedly soothe the exalted energy of the parts. A simple dressing will suit the face of the ulcer. This may be put on and covered by the bandages, or after they have been secured some of the turns may be slit and raised, and the sore doctored. Oakum is a popular covering. I can conceive why hospitals should be stored with it, but I think a dressing should argue for its merit more than its low price, and ought not to be endorsed, as oakum is, as possessing a special remedial affinity for old sores, when other and superior articles are not compared with it, in such institutions, on account of the market price. English lint, or spongio-piline, or flannel with heavy nap, are softer and can be packed more closely into the cavities. These should be dipped into the balsams or some preparation of tar. Particular attention is to be paid, also, to cleansing the chasms with some disinfecting solution, as permanganate of potash or salicylic acid, before they are stuffed.

The diet of these patients is a concern of no mean moment. Every kind of salty food acts unkindly on the tissues, and is to be forbidden, as the eczema is kept up by it. A milk diet is excellent, alternating with vegetables and fresh fish. The astringent chalybeates are quite necessary in fortifying the enervated tissues and in restraining local losses by effusion. Whenever scorbutus, gout, or tuberculosis are discovered to intensify the special liabilities of the part to waste, the ordinary list of medicines preferred for those dispositions is to be exhausted.

Skin-Grafting.

In case the ulcer, do not fill up, in spite of the supports advocated, it is not a false explanation of the failure, that the loss of integument and connective tissue has been so extensive that while the edges show a willingness to contract, there is not enough vitality at the middle for cicatrization unless centres are established there. A novel plan is now at command, an imitation of nature, to carry out what she has not been able to do, viz.: to scatter seeds of derm, or to insert grafts of cuticle in the barren soil, which will germinate or give off points or forks, which may interlock, and then start and complete a texture like the old. The secret of skin-grafting has been referred to some stimulus lodged in the cells of the graft, which, when communicated to the weak granulations by contact, arouses them to a new life. Whether or no this is the veritable exposition of the process, is of no import. This we do know, that the sprouts grow, that somehow, by their apposition to the fibres, the vascularity of the entire area is magnified, that the grafts, according to some law, are changed more and more to the likeness of the old structures, until they are lost in an investment singularly like the ordinary cicatrix.

The experiment proves so many times a success, under conditions often extremely unfavorable, that it warrants us in repeating it, though we do it blindly, or without any knowledge of the mysteries of the method. The number of my operations is thirty-one. Five of them were failures, and were my first attempts. In these trials too large slips were inserted, the granulations were very pale, there was some oozing of blood, which kept the particles of cuticle floating, and the pieces were deposited *longo intervallo*. In subsequent experiments the same errors were avoided, and the field was early spanned by lines of cicatricial tissue. To repair ulcers in this way several laws are to be observed: First, There must be granulations, and they must be small and packed closely. An argument has been advanced that the germs will expand anyhow, that they often do even when no granulations can be detected. I have no confidence in any such power in the grafts that they can vegetate without the soil has been prepared for them. The sore must be cleansed several times a week before transplantation is attempted, stimulated, and relieved of every kind of traction on it. In the main the first step is to elevate the papillæ. When we are satisfied that the ground is ready, I insist on harrowing the ground before planting. In the twenty-six successfully repaired, I

made several incisions, not very deep, by way of electrifying the granulations so that the friendship of the germs to the tissue was made perfect. This "harrowing" is a great help to the growth. The bleeding must not continue long, and must be checked before the sprouts are inserted.

The number, size, and purity of the derms are next to be reviewed. As I have remarked, I attribute my failures somewhat to the large pieces I planted. They would not bud as the smaller did, became dead in a few days, or would not adhere, and excited a low kind of suppuration. I learned at last that the smaller the islands of cuticle, the greater are the number of points given off, the firmer are their connections, and the more lively the development of the granulations. A large nucleus requires a plenteous afflux of blood to support it. It perishes because the tissues do not respond to the demand.

The graft should be nipped from a part of the body least supplied with fat. The skin on the biceps is the purest. No pains need be taken to separate the connective tissue in case it clings to the cuticle. The graft should be minced, and the pieces placed with the raw surfaces in contact with the granulations. This disposition of the slips is exceedingly important. The epiderma will not stick, or early exfoliates, and as the proliferation of the cells is conditioned on the immediate union of the graft with the parent stock, the cuts must be scattered, the scarf-skin up. The pieces are to be arranged in concentric circles to within half an inch of the margin, at intervals of one-eighth of an inch, so as to dot, not cover the field. The transplantation being completed, the third or last step is to secure the grafts in place. Whatever the cap, the ulcer should be exposed to the air for half an hour, and then covered. Adhesive strips are a favorite with many, but are not recommended by me, for the patent reason that the grafts cannot help being dislodged or removed when the strips are detached for the second dressing. A sheet of collodion protects them better, fastens the grafts where they are set, and need not be detached. The less the ground is disturbed after sowing, the better for the seed. If the first crop does not root deep, or if a few slough and perish, more must be inserted. In four cases I found it necessary to renew the operation. One of the patients was so averse to a second infliction of pain that his wife kindly volunteered a skin-offering. The new acquaintance seemed to suit the ulcer and repair was announced in two weeks. My trials of skin-grafting have been directed to ulcers of the varicose type, not from a belief in its peculiar efficacy with these, but because of their lingering cicatrization under other influences. The majority of the patients were on their feet during the treatment and pursued their regular avocations. Unquestionably the chances of success are measured somewhat by the quiet habits of the individual. Still, as these cases were not favored with rest, and in spite of many an adverse fortune "scored a high run," I lean to the conviction that the speed and worth of the cure rates not a little as the care and patience donated to the dressing.

Communications.

EARACHE IN BABIES.

BY H. S. SCHELL, M. D.,
Ophthalmic and Aural Surgeon to St. Mary's Hospital, Philadelphia, Pa.

It is probable that very few cases of pain in the ear in children are purely nervous in their origin. The suffering is sometimes, indeed, due to a carious tooth, and it is occasionally very difficult to distinguish between an aching molar and an earache. But that the inflammatory affections of the middle ear occur very often to children is well known; and it is sufficiently notorious, also, that these inflammations frequently run their course unhindered, until pus discharging from the external auditory meatus declares the cause of the mischief, relieves the suffering, and testifies to the irreparable injury which has been done to the organ of hearing.

Now, what is true of older children, as to the frequency of these affections, is quite as true of babies, but in the latter the disease much oftener goes unrecognized. The great difficulty with these little ones is, of course, the fact that they have no means of telling us just where their pain is located; there are, however, some signs which may lead us to suspect its position, and to confirm or relieve our suspicions, as the case may be, by an otoscopic examination. The following case may serve to illustrate some points of interest in this connection:—

Last winter I was sent for to see W. C., then

just six months old, who had given the household no rest for the preceding twenty-four hours. He was tolerably quiet while some one carried him to and fro, but the moment he was laid down violent screaming commenced, and lasted until he was nursed into comparative stillness again.

The usual domestic remedies for colic had been administered, and as he had considerable fever, several doses of spiritus ætheris nitrosi had been given him, but all without relief. As far as could be ascertained, all his functions were naturally performed; but I noticed that when he was placed in his cot he put his hands frequently to his head, and, as he lay on his back, rubbed his occiput from side to side against the pillow. I found his pulse to be 140. When taken up and quieted, he allowed me, after a little while, to pass my hand over his head without crying, but broke out again when I gently pulled either auricle.

Acting upon these hints, I made an examination of his ears with the mirror and speculum. The average baby, however, has a profound objection to too close a scrutiny of his organs of hearing, or else he becomes so much interested in the process, and so intent upon seeing what is going on, that it is difficult to keep his head quiet long enough in the proper position with regard to the light to enable one to examine accurately the condition of the external auditory meatus and membrana tympani.

In nearly all cases it will be found necessary to have the nurse sitting with her back obliquely to the light and holding the infant in her lap. Let her then clasp its head firmly to her breast with one hand, while with the other she controls the lower part of its body and its hands, to prevent interference with the instruments. The side of the head and ear which it is desirable to examine should, of course, be turned away from the light and toward the surgeon. A little cerumen, which often collects in cases where there has been some chronic irritation of the meatus, is readily removed by means of a scrap of cotton wool wrapped tightly on the end of a probe, and leaves all parts of the canal visible through the speculum.

By making the examination in this way, I found the membrana tympani of both ears of a deep crimson color. The manubrium mallei was no longer visible in either ear, but its place was marked by an increased redness, and the cone of light had vanished. The application of an American leech just in front of each tragus afforded instant relief, and the baby fell asleep while the leeches were drawing. The ears were afterward filled with warm water several times a day; tincture of aconite root was administered in minute doses until the febrile symptoms disappeared, and the inflammation terminated by resolution in a few days.

Sometimes, however, the aural affection occurs during the course of some other disease, and is then still more likely to be overlooked, unless the possibility of its occurrence is borne in mind.

Willie D., aged ten months, was, while teething, attacked by summer diarrhœa accompanied by colicky pains. After the diarrhœa commenced to improve, however, he became feverish and cried a great deal. Nursing brought on screaming, which was attributed to the teeth and ill-temper. As I found that he became worse when laid down, and seemed to have pain when pressure was made upon the left mastoid process, or close below or in front of the auricle, I examined his ears with the mirror. The right was healthy, but the left membrana tympani was dark-red and shining. The cone of light was contracted, and although the long process of the malleus was visible, it was partially obscured by a line of injected vessels. The principal seat of the inflammation was here evidently in the mucous membrane of the tympanum itself, but it was quickly relieved by treatment similar to that pursued in the former case, together with the use of the air-douche through the Eustachian tube.

Of course, there are many of the diseases of infancy during which we would naturally look for aural complications. Among these diseases are whooping cough, measles, scarlet fever, and the exanthemata generally. At these times such complications would be anticipated and avoided, but the object of these remarks is to show that acute otitis media and myringitis frequently arise when there is no special reason to anticipate them, and to invite attention to the advisability of always contemplating the possibility of their occurrence.

I have notes of a case of acute aural catarrh in a baby convalescent from cholera infantum; of a case in which convulsions were relieved at once by treating an acute inflammation of the middle ear on the left side; of a case of supposed meningitis cured in the same way, and of four cases in which the ear was inflamed during

an ordinary attack of catarrh. In all these instances there was something to draw attention to the ear. Sometimes, indeed, only the peculiarly agonizing character of the cry; sometimes the fact that the pain was lulled during the day and recurred with great violence during the night; sometimes that it came on during suckling or when the infant was laid down on the ear, or the parts immediately about it were pressed upon in any way; and sometimes only the appeal of the little sufferer's hands, raised to its head. It would be rare to find all these signs conjoined in one case, but the occurrence of any of them should be sufficient to recall to our minds what ought to be a maxim, viz.: in any case where a baby cries distressingly, without apparent cause, it is well to examine its ears. There is too much tendency, not only among parents and nurses, but with physicians as well, to charge unreasonable fretfulness of infants to teething, and this, too, when cool, pink, healthy-looking gums utterly repudiate any imputation of making themselves disagreeable. So well grounded is the notion, that parents frequently think it unnecessary to "send for the doctor" until they have lanced unoffending gums themselves. I cannot help thinking that a habitual and systematic aural examination in such cases would soon help to do away with much of this torture of the innocents.

In all instances there will be found, upon examination, whether of myringitis or deeper otitis, more or less reddening of the membrana tympani. There is intensity of color, with puffiness of the membrane, in the former affection, and the manubrium mallei is indistinguishable; but in the latter there is frequently a play of neutral tints with the predominant red, and so long as the handle of the malleus can be seen with distinctness, it is evident that the drum membrane itself cannot be thoroughly involved. Later, the shining surface becomes obscured, and patches of yellow or whitish opacity denote the accumulation of pus or mucus.

Otitis media is more frequent than mere myringitis, and is often accompanied by nasal catarrh; indeed, the last seems often to stand to the first in the relation of cause to effect, probably by extension of inflammation through the Eustachian tubes. Chronic aural catarrh, too, is liable to acute exacerbations, a point which it is well to bear in mind.

As to treatment, it is important to think first of leeches, and to use them. It is only loss of time to drop in laudanum and sweet oil, glycerine, solutions of morphia, or whatever else is easy or convenient. A leech may be troublesome to get or apply, but the relief it affords is immediate and lasting. Instillations of warm water come in very well afterward, to complete the cure; and tincture of aconite root, in the dose of one-fourth drop at first and one-tenth drop every hour afterward, subdues catarrhal and febrile symptoms rapidly. Insufflation with Politzer's bag may be used if the inflammation is confined to the cavity of the drum, and is indispensable when there is perforation or suppuration.

The detection and efficient treatment of this affection is so simple, that it seems wonderful that it should ever be neglected; but when it is, and pus makes its appearance at the external auditory meatus, and the parents discover after a while that their child is hard of hearing, there is no use in telling them that "the child will outgrow it." The inflammation, if not properly treated, will leave its effects upon the function of the ear throughout life.

PUNCTURED WOUND OF THE RECTUM; A SINGULAR ACCIDENT.

BY W. STUMP FORWOOD, M. D.,

Of Darlington, Maryland.

Being under enforced confinement to the house, in the convalescent stage of recent illness, opportunity is thus afforded for recording reflections and experiences that rarely occur to the country practitioner while health enables him to respond to the calls of the sick. Before reciting the history of the case that we have in view, it is but a well-earned compliment from a "long-time reader," that we should remark that the REPORTER is eminently the journal for the country practitioner, whose long rides, and other occupations, such as gardening, floriculture, and often farming (to eke his scanty revenue from practice), take up so much of his time. He rarely ever finds leisure for the perusal, and much less for the study, of the long articles of twenty-five or thirty pages each, so often met with in the quarterly and monthly medical journals, and often solely designed to illustrate and elaborate ingenious theories that may or may not in the end prove

valuable to the profession. We of the country cannot participate in such inquiries further than in so far as the furnishing of an occasional practical hint, brought to light by our own observations, may go; but must leave to those who have greater command of their time, and who have abundant opportunities of access to the records of the profession, the development of results from the disjointed masses of material thus supplied. Our studies must almost necessarily be confined to observations at the bedside, and to establish results. Our practice very soon satisfies us as to the correctness of these results.

Some years ago the writer was a subscriber to several medical journals, and, upon the arrival of the mails, which oftentimes brought two or three different journals at the same time, he noticed that it was his invariable habit to open and read the REPORTER first. This was because its articles were brief and practical, the simple record of facts that were actually observed by the writers. Although the REPORTER's articles are generally from the pens of country practitioners, and often couched in homely English, still, the statements can be relied upon as actual observations, and thus form a basis for those who have more time and more learning from which to develop the great scientific problems which are constantly advancing the great healing art nearer and nearer to perfection.

With these preliminary remarks, suggested by reflections upon the duty that each of us owes to the profession, of recording experiences that may be valuable to others, I proceed to note a surgical accident which, from its rarity, may be regarded as unique in character.

On the 18th of March, 1873, in the absence of my friend, Dr. James M. Magraw, of this county (Harford), who was the family physician, I was called to see the daughter of W. H. S., aged thirteen, who had just met with an accident, the nature of which was related by the mother, as follows: With the intention of placing a pile of dishes upon the top shelf of a very high cupboard, the girl mounted an old wooden chair, the back of which had been broken off, with the exception of one of the corner posts, the point of which had been whittled down by some idler, for want of better employment, to about one-fourth of an inch in diameter. While straining her utmost to reach the high shelf, dishes in hand, the chair tilted over; and in jumping off the falling chair the girl fell astride of the blunt-pointed post, the point of which was forced, by her weight, through several thicknesses of clothing, and, as it proved, some distance into the flesh.

Upon visiting the patient, about two hours after this occurrence, I found her greatly prostrated from the shock, and suffering with severe nervous chills. Being an entire stranger to the girl, and she being wounded in such a delicate region, I found her exceedingly averse to having an investigation made. With much difficulty, and through the importunities of her mother, I finally succeeded in getting an external view, which revealed a punctured wound immediately to the left of the perineum, and about two inches equally distant from the anus and from the lower extremity of the vulva. Considering that inasmuch as the point of entrance was so far alike from the rectum and from the vagina, there was reason to be hopeful that neither of these canals had suffered injury; in which event the treatment would have been quite simple. Without further examination, for the reasons above stated, I gave the patient a stimulant and an opiate, directing the agents to be repeated at intervals, as might be judged necessary, until recovery from the shock and prostration was established, after which I advised the administration of a full dose of castor oil, more especially with the view of acquiring information as to the existence or non-existence of a fistula.

Having accomplished all that the emergency demanded, I took leave of the patient, with the injunction that the mother should send for the family physician—whose return home was hourly expected—should any further treatment be required. Through a misunderstanding, neither Dr. M. nor myself saw the patient again for nearly a week after the occurrence of the accident, when Dr. M. was called. As soon as he heard the history of the case, and heard that I had once visited the patient, and also learning that fecal matter was constantly escaping through the wound, he immediately requested that I should be called in consultation.

It was on the sixth day after the accident that Dr. Magraw and myself saw the case together, nothing having been done in the interval except what was advised on the occasion of my first visit.

We at once proceeded to inform ourselves as

to the exact character of the lesion. Upon introducing the index finger into the rectum, and at the same time passing a silver catheter into the external wound, it was discovered that the rectum was ruptured at a point immediately above the sphincter ani, not at a greater distance, to our surprise, than one inch above the external opening of the bowel—the anus. The external wound being located at least two inches from the anus, and the same distance alike from the median line of the perineum and the lower extremity of the vulva, there was good reason for supposing that the rectum was penetrated much higher up. The sudden and angular turn of the chair at the moment the point penetrated externally, and before the patient's feet reached the floor, was doubtless the reason why the bowel was wounded at a point so near its external opening. Had the chair-post continued its course perpendicularly from the site of the external entry, as was at first hoped, neither the rectum nor vagina would have suffered injury. Here was a case of traumatic *fistula in ano* of six days' standing; and Dr. M. and myself simultaneously asked each other "what is to be done?"

After first seeing the girl, although I did not expect to see her again, I felt greatly interested in investigating a case so peculiar in its nature, one that I had not previously met with, nor heard of, and therefore set about looking up the "authorities." I had but very few works upon surgery at hand, but being possessed of the last edition of Gross' magnificent, and, in my opinion, unequaled, "System of Surgery," I felt certain of finding some suggestions that would enable me to meet, and to *treat*, if called upon, even this singular case. Judge my surprise when, after diligently employing considerble time in searching under every imaginable "head" for like or similar wounds of the rectum, I was finally compelled to lay down, in disappointment, that vast storehouse of surgical knowledge, without having found a line bearing directly or indirectly on the case! It is possible, not to say probable, that I may have overlooked a point of reference (in which event I hope some reader, or, preferably, the learned author himself, will be so kind as to draw attention to it). All the other works that I appealed to were alike silent on the subject. Dr. M. had not "looked up" the case at all, being totally unaware of its nature until the moment of his visit.

I must confess to having experienced considerable anxiety of mind in being called upon to institute treatment in a surgical case, the counterpart of which, as we are compelled to infer from his non-mention of the subject in his "System of Surgery," was unknown to the renowned Professor Gross, whose works are justly regarded throughout the civilized world as standard authority in everything pertaining to surgical practice. In this emergency, however, I repeated to my colleague the advice which I had so often heard my esteemed teacher, Professor Gibson, of the University of Pennsylvania, in his lectures, enjoin upon his pupils when they should encounter cases and difficulties not laid down in the "books," nor referred to by their teachers; he would say, with great emphasis: "Principles, gentlemen, principles!" He taught that if the principles were properly established in the mind of the student, he would always be equal to any emergency that might arise in practice.

Now for the application of our principles: we had before us an ugly, rough, punctured wound of considerable size, entering the skin externally, and terminating in the rupture of the mucous membrane of the rectum. The first question that presented itself to our minds was, "How are we to prevent the passage of fecal matter into this artificial opening?" and second, "How shall we be able to heal this wound while it is constantly open to the admission of fæces, which act by their presence as an irritating tent, interfering with the union of the walls of the wound?" The accomplishment of the first proposition would render the consideration of the second unnecessary. Having no "authorities for our guidance, we were now practically put to the test for a plan of treatment wholly based upon our early-instilled "principles." We proceeded, as the first step, to empty the lower bowel thoroughly by means of enemas, pumping in the fluid, the ordinary enema, until no trace of fecal matter could be discovered in the returned discharge. After each injection a considerable portion of the fluid escaped through the fistula. We now determined upon the use of a tampon for the artificial passage. For this purpose we selected a long strip of old, soft muslin, about one inch in width. This was first well oiled, to prevent irritation of the parts, and we then, while one finger was in the rectum as a guide, gradually introduced the tent with the other hand,

through the external wound, fully up to but not within the walls of the rectum; the finger within pressing back the tent, and keeping it immediately behind the walls of the bowel, with the view to allowing the edges of the same to come in contact with each other, so that union might first take place at that point. Should that desirable result be effected, we would have but a simple punctured wound to treat, and not the great "bugbear" to the inexperienced, fistula in ano.

The wound was well filled with the tampon, so as to effectually guard against the passage of fæces into it, leaving the edges of the rectal extremity of the wound in contact, as before stated, hoping thereby, although six days had elapsed since the occurrence of the injury, to secure union by the "first intention." A bandage was then applied to retain the plug *in situ*. The medical treatment consisted, from this date forward, in the administration of full doses of opium, in quantity and in periods of frequency sufficient to hold the peristaltic action of the bowels completely in abeyance, and by this means, too, to effect the solidification of the fæces in a mass too large to enter the wound. To insure that result, it was directed that the patient should be kept in a decidedly somnolent condition for the three or four succeeding days. No solid food was allowed, a strictly fluid diet being enjoined. Should this treatment fail, we still had our resource, that adopted for *fistula in ano*—the bistoury. Happily, our first procedure resulted in complete success.

Under our treatment, there was no fecal discharge whatever within a period of four or five days; and then it was passed only *per vias naturales*. The tampon was now removed; and, without an untoward symptom, and without other treatment, the case rapidly progressed to complete recovery. Within a week after the institution of our treatment the patient was able to move about and attend to her accustomed duties.

From the fact that this history represents a case without an analogue in surgical records, so far as the writer is aware, he has dwelt upon its details somewhat at length, with the hope that some fellow-practitioner may, in the future, have some light for his guidance under like perplexing circumstances, in which case an invalid will feel amply repaid for the exertion required in penning these "notes" within the confines of his sick-chamber.

TREATMENT OF OVARIAL CYSTS BY ELECTRICITY.

[According to promise, we give the following translation from recent numbers of the *Allgemeine Medicinische Central Zeitung*.]

Dr. J. W. v. Ehrenstein, of Dresden, who claims to have invented a method of curing hydrops ovarii by the electrical current, says, his spare time being limited, and it not being sufficiently clear to him how the question is regarded by the profession in general, he requests that a full description of his method be not required at present, but he will first publish a history of his cases, so that it may be seen if the matter is worth the trouble of making a closer investigation. He invites his readers to visit his institution and observe the mode of treatment in person.

When an abdominal tumor is brought before him in the person of a female, he makes a careful diagnosis by palpation, percussion, and changes of position, and never by puncture, which he considers dangerous. He seeks to discover how many cysts there are, in case the disease is ovarial. Having established the diagnosis, if the disease is of a cystose nature, he promises a reduction of volume, and in the most favorable event a complete atrophy of the cysts. He is not yet prepared to state if the reduction of volume is due to resorption of the liquid contents with fatty degeneration of the walls of the cysts, or to *perspiratio insensibilis*, but appears to incline to the latter; nor can it yet be said what part electrolysis, or electrocatalysis performs, that is, how much is to be attributed to the activity of the trophical nerves in stimulating and increasing diosmotic processes.

A more accurate mode of measurement is recommended than that which merely encircles the transverse region of the middle of the abdomen. He marks four starting points for measurements, with *argenti nitras*, viz: the lower end of the xyphoid cartilage, the upper margin of the symphysis pubis, and the anterior superior spinous processes of the ossa ilii. The distance from the navel of each of these points is now measured, both with tape line, to establish the surface-distance, and with compasses, to show the length in a direct line. When these two measurements of each of the four regions are noted, he takes the mean of the two in each region, and then adds the

lting four sums together, which gives him rand total sum, whose comparison with ated similar measurements, made before sitting, shows the increase or decrease in of the tumor; and the particular region in h a change in volume is taking place can be detected by a comparison of the re- al mean sums obtained at different sittings. may be objected that ingesta, accumulated s and flatus may lead to error in these parative measurements, but like conditions when the old mode is adopted. Further- , a difference in size may be caused by or less pressure, but he carefully avoids slightest pressure; he, however, requests of his colleagues as are gifted with anical ingenuity to send him plans for an ument which will control the degree of minal resistance throughout the treatment n it undoubtedly varies considerably. He causes his patients to come to their almost sittings before their principal meal; in case of necessity does he receive them this meal, and in all cases the bowels are fully regulated, so that, aided by the multi- ty of his measurements, an error from the es mentioned can hardly occur day after for these reasons he believes that errors scarcely have crept into his tables of surements.

ne undeniable and happy certainty exists when the reduction of volume takes place r his treatment, now gradually, again with l strides, as the mass diminishes in size ual physiological actions resume their sway, the patient becomes rejuvenated without ng to pass through a dangerous crisis, such curs after ovariotomy. During the course eatment he causes the patient to take such cise as is possible, even urging those who ot rise to perform gymnastic evolutions in thus teaching them that strength must be ed, and cannot be taken inwardly by the spoonful. With long walks, steadily oving diet, and in some cases electric s to stimulate the skin, hematosis is once called to a healthy activity, and the red of richer blood is again seen on the sur- As the tumor decreases the lungs obtain room, and with increased expansion ve more carbonic acid from the blood, lying its place with what Dr. Dologa, of sic, called "gymnastic champagne," in- rating oxygen.

After the measurements of volume, it is also proper to pay attention to the weight of the patient, for as a matter of course the disappearing cyst is followed by a reduction of weight, both in its mass and in the entire body. But here two difficulties are met, firstly, the improvement of the general health replaces with body-weight almost what the vanishing cyst loses, and has even been known to exceed the latter; secondly, our system of weighing is very imperfect, in that we always weigh the absolute body-weight of our patients, whereas, we ought to be able to take their specific gravity, for no one will assert that an obese or dropsical person's weight offers proper data for estimating his ability to labor. He hopes some instrument may be invented with which this difficulty will be overcome.

Here follows a table of eight cases treated by our author :—

CASE.	NAME.	Abdominal Volume in Ctm. When Admitted.	Abdominal Volume in Ctm. When Discharged.	Mean Reduction of Volume per cent.	Change of Body-weight per cent.	REMARKS.
1.	Miss M., of H., North Germany.	178.62	89.75	49.67	30.75	Complicated with Rheumatism.
2.	Mrs. L., of Ch.....	110.75	60.75	45.16	1.53	Delivered of a Healthy Child 14 Months after her Cure.
3.	Mrs V., of D.....	90.00	60.75	32.50	1.83	Delivered of a Female Child 2 Years after her Cure.
4.	Mrs. H., of Russia.	79.75	56.37	29.32	11.80	
5.	Mrs. T., of Russia.	127.12	87.50	.....	.....	Aged 70¼ Years.
6.	Mrs. K., of P. in M.	75.25	69.25	22.59	8.04	
7.	Mrs. K., of P. in M.	109.75	87.75	20.04	.....	Has Mitral Insufficiency
8.	Miss. B., of D.....	77.25	73.75	17.49	929.	

Should the above figures, which show a reduction in volume of at least seventeen and also of nearly fifty per centum, excite sufficient interest among his colleagues to cause them to write to him for more information about one or other of the cases, he promises to obtain permission to give the postal address of such patient.

Our author gives a very voluminous table of case 1, and shows that at times a marked increase in volume occurred after a reduction had taken place, but this was of a temporary character, and the electrical current came off victorious in the end. Mostly this increase of volume is due to hydrogen liberated by the electricity within the abdomen; this soon disappears spontaneously, but at times causes pains which resemble colic, never, however, with his method giving rise to peritonitis or any suppurative phenomena. Temporarily, this patient (No. 1). also had slight inflammation of the minute punctures made by the electric needles, which usually heal before 24 hours, but in her case were healed with a dressing of unguent argent. nit. After

her third sitting an attack of diuresis occurred, which caused a considerable reduction of volume, and caused her to feel somewhat weakened. Not a drop of liquid from the cyst came through the outer abdominal wall, yet its integuments became flaccid after the third to the fifth day, so that the ends of the false ribs could be felt easily, and with every movement a sound was made resembling that caused by moving a partly filled vessel of liquid.

Treatment in this case began on July 24th, 1873. During the following August many attacks of diuresis occurred, lasting from twelve hours to three days; but as her appetite was good, and her condition improved, they did not occasion the weakness which attended the first attack. Diaphoresis, which is very usual during this method of treatment, did not supervene in the case described, but on the 29th of August a continuous itching of the abdominal walls set in. With this, no eruption, discoloration, or change of temperature occurred; but when the dry hand, or a glass plate at the temperature of the body, was placed upon the abdomen, over the seat of itching, a decided deposit of moisture covered the same very speedily; it could not be shown that this was due to sweating or the slightest secretion from punctures made with the fine electric-needles, and the author regards it as an evidence of *perspiratio insensibilis* from the cyst. While this took place the diuresis diminished considerably, and as electricity did not restore it now, he gave a diuretic mixture, containing, tinct. scillæ, tinct., digitalis, et ol. juniperi, thrice daily. This mixture restored diuresis, and about this time the proper indication appeared for a change from the galvanic current to the primary far current, and two signs also soon manife themselves, which he regards as the term symptoms of the cure, viz., when, even wi still somewhat distended abdomen, the l becomes pliable, and permits him to feel anterior surfaces of the vertebræ in the rec bent position of the patient, and there is with a peculiar feeling of emptiness in the stom and great hunger, such as he has only met elsewhere, in the case of recently deliv mothers. On the 8th of September, the pa stated: "Yesterday and to-day I have sl stomach-ache, and to-day I appear, to my entirely changed, so that I can, indeed, ho favorable alteration has begun within body." After treatment was not found ne sary in this case; when he does prescribe s it is very simple, consisting of an abdom bandage to be used for a few months, a stren ening and anodyne liniment for applicatio the abdominal surface, the faradic current, gymnastics adapted to the purpose of incr ing the development of the abdominal musc

September 13th, the patient said that slight stomach-ache had left her, and she perfectly well; still the measurements continued until the 27th of September, reduction of volume from 66.75, to 58 during these fourteen days, whereas, du the period from July 24th, to September 1 the reduction of volume was from 75.25, to 75, under the active application of the ele cal treatment. After this she left for ho perfectly cured, was married somewhat la and never observed a trace of the for ovarial cyst.

Editorial Department.

Periscope.

The Management of Gastric Ulcer.

Professor Ziemssen teaches that for the cure of gastric ulcer it is necessary to neutralize the contents of the stomach at least once a day, and at the same time to produce a thorough evacuation of its contents; this, he asserts, can be effected by administering the Carlsbad water or a solution of Carlsbad salt in warm water every morning, while the patient is fasting. In this way the acid fermentation is checked, the tents of the stomach are neutralized; the pe taltic action of its walls is excited, and organ empties its contents into the intestine

The following examples of this method tried in St. Bartholomew's Hospital, Lond are given in the *Medical Times and Gazette*

Case 1.—H. B., aged thirty-four, a labo was admitted into St. Bartholomew's Hospi March 27, 1876, suffering from pyloric obst tion. He had been a dyspeptic many ye About eighteen months ago he began to su with abdominal pain, and on two occasi

vomited large quantities of blood. Since then he has been much troubled with abdominal pain, relieved by vomiting. At present he vomits on an average once daily. Condition on admission:—Thin and anæmic-looking. Examination of the abdomen showed fullness in the epigastric and left hypochondriac regions; the outline of the stomach could be indistinctly recognized by palpation, while percussion showed the stomach resonance to be increased considerably, and to agree with the outline. Succussion sounds were also to be recognized. The appetite was stated to be good, but pain, coming on two hours after food, and continuing till vomiting occurred, was complained of; the vomit was found to be copious, yeasty, brown, and to contain sarcinæ ventriculi. The bowels were, as a rule, constipated. Milk diet, with two ounces of brandy, was ordered; and one drachm and a half of Carlsbad salt was to be given every morning, one hour before breakfast, in three-quarters of a pint of warm water—the whole being administered in three doses. Upon this treatment he rapidly improved, the bowels at once became relaxed, and five or six watery motions were passed daily. The pain had disappeared by April 7; the vomiting ceased altogether on the 10th; the succussion sounds had gone on the 17th, and the epigastric bulging had become very much less distinct. Fish and one egg were added to the diet, and on the 24th fish was exchanged for a chop, and on the 28th

℞	Ferri et ammon. cit.,	gr.viij
	Ammon. carb.,	gr.ij
	Spts. chloroformi,	♏x
	Inf. quass.,	℥j

Twice a day

was ordered. On May 1 his general condition was very much improved; he had a better complexion, and had gained flesh; the outline of the stomach was hardly recognizable; there was no return of the pain or vomiting, and the patient was in all ways convalescent.

Case 2.—W. B, aged fifty, was admitted to the hospital, June 16, 1876, with well marked symptoms of chronic gastritis and dilatation of the stomach, which had existed about twelve months. He suffered with loss of flesh, epigastric pain coming on two hours after food, daily vomiting (the vomit containing sarcinæ), flatulence at night, and constipation. He was dieted with milk, beef-tea, two eggs, and bread and butter. One drachm of Carlsbad salt dissolved in three-fourths of a pint of warm water was given every morning before breakfast. The bowels became relaxed, being open four or five times daily; the vomiting occurred less often (and the sarcinæ disappeared), and the pain grew less. On the 25th, fish was added to the diet; and on July 4

℞	Tinct. ferri perchlor.,	♏xv
	Inf. quass.,	℥j

Twice a day

was given. On July 15 his condition was very much improved; he had gained considerably in weight, had lost all pain, the vomiting had entirely ceased, and but little flatulence remained. The Carlsbad salt was stopped, and chop was given instead of fish.

The Treatment of Burns.

Surgeon W. R. E. Smart details, in the *British Medical Journal*, the treatment of the injured at the explosion of the *Thunderer*.

The local treatment was by oil and lime-water on cotton wadding, on every part, to the fourth and fifth days, and to a later period, in the majority of cases, on the limbs. Where suppuration commenced on the face, head, and neck, and the upper part of the chest, this being found inconvenient and dirty, causing distress to the patients, the moist dressing was changed for dry, cotton wadding was abandoned, the parts were washed with carbolic oil, and then dusted, from a common flour-dredger, with a powder consisting of one part of oxide of zinc, one of carbonate of magnesia, and two of powdered starch, sifted on wherever moisture appeared, care being taken to keep the facial orifices free. By this means a firm incrustation was formed as a mask to the features, which remained intact, excluding the atmosphere. Under its protection, the process of scabbing, by which nature heals most of the wounds and sores of the lower animals, and of man himself in an uncivilized state, went on most favorably, so that, on the detachment of the crusts, the parts were found to have healed, which they did in the neck, face, and head very rapidly, except as regards the ears, the pinna, probably from the restlessness of the patients, gave trouble in many cases, and in some was the seat of abscess.

The results are that only in one case is there any permanent indicated cicatrix on the face, producing deformity, and that in the parts where the mode of treatment could not be well applied. The advantages of this plan of treatment were first seen by me among the blacks in the Island of Mauritius, who, being employed in sugar-boiling, often meet with very severe scalds by superheated syrupy fluid. The material I saw used by them was nothing but pulverized calcined sea-shells, dusted on wherever moisture oozed out through cracks in the crust, which remained on until scabbing had taken place, not only excluding the atmosphere but preventing the deposit of larvæ by flies, often a severe embarrassment in treating wounds in tropical climates.

I think so favorably of this treatment in the prevention of unsightly scars as to lead me to suggest its applicability in confluent small-pox, at least to the parts usually exposed. It was also used to a minor degree in some of the sores on the limbs, more especially of the hands and forearms, in some of which the scalds were so severe, that the cuticle, and in one the nails with it, came off in the form of gloves; and it is satisfactory to know that, although attenuated fingers and very thin cuticle will affect the suf-

ferers for a time, yet there are no cases of contracted tendons to be recorded.

I mention this as an efficacious mode of excluding atmospheric air, and not as any new principle of treatment. In fact, it is but one of the numerous means to the same end which have been kindly suggested from many sources, among which I may enumerate immersion in a bath of olive oil, covering the scalded surfaces with various paints and varnishes, dressings of many unguents, raw cream and red currant jelly; all being the suggestions of the kindliest desire to relieve suffering, although frequently emanating from a too limited experience. All I venture to claim for this is simplicity and readiness of application.

On the Diagnosis of Progressive Pernicious Anæmia.

Professor Hermann Eichorst, M. D., of Jena, says, in the *Centralblatt für die Medicinischen Wissenschaften*:—

In No. 100 of the clinical essays in Volkmann's collection, Professor Quincke, of Berne, treats of this disease. For more than two years I have busied myself with this disease, which is of very rare occurrence in North Germany.

The result of my investigations leads to the opinion that the collection of symptoms which pass under the above name may be diagnosed with absolute certainty in its earlier stages. But clinical appearances do not furnish the material for a diagnosis; one must look for anatomical changes in the blood; in short, one may denote the affection as a disease of the blood-corpuscles, which is as easily recognized as leucæmia. The changes alluded to were not found missing in one of my seven cases, and I frequently demonstrated them to my colleagues.

While a portion of the red blood-corpuscles possess a normal size, and are only remarkable through paleness and a reduced disposition to the nummular arrangement in aggregations, one finds among them others which at once strike the eye by their smallness. These latter often attain scarcely the fourth part of the diameter of a perfectly developed corpuscle; they are more deeply saturated with color; and when one rolls them beneath the cover-glass it will be observed that on a profile view the biconcave appearance is more or less completely lost; their diminution in size even goes so far as to make many of them look like little globules of fat tinged with red.

Many hundred examinations of the blood were made in the cases of healthy individuals, and in those laboring under manifold diseases, more particularly in anæmic and cachectic conditions, but without the discovery of changes similar to those above described. If one has the opportunity to examine the blood in the earlier and the progressive stages of the disease, it will become evident that the worse the disease grows the greater will be the increase in number of the before-mentioned foreign elements; and I have collected the data in one case where the relatively intact blood-corpuscles, toward the end of life, were equal in quantity to those which were represented by the diminutive reddish drops. In all the observations the white corpuscles were found remarkably sparse; and very small collections of the well-known protoplasma masses were found, which is very often the case in the blood of healthy individuals also.

I believe myself justified in regarding the described discovery as one enabling us to diagnose progressive pernicious anæmia.

The Treatment of Ranula.

The Paris correspondent of the *British Medical Journal* writes:—

Ranula is admitted by all surgeons to be a most troublesome, and in many cases, a most intractable affection. It is sometimes so little amenable to treatment, that some surgeons, and among them the celebrated Dupuytren, contrived different means by which to keep open a fistulous orifice in the tumor, in order to empty the contents of the latter in the mouth. Jobert de Lamballe endeavored to effect the same object by inverting a portion of the internal surface of the ranula, and uniting it by a suture with the mucous membrane surrounding the orifice. M. Panas, of the Lariboisière Hospital, finding these methods of treatment unsatisfactory, and after having given a fair trial to the different remedies in vogue for the cure of this affection with equal unsuccess, has lately resorted to the practice of injecting these tumors with a solution (one to ten parts) of the chloride of zinc, the results of which are most encouraging. M. Panas injects into the tumor from three or four to eight or ten drops of this solution, which also varies in strength according to the age of the patient, and this he does with a hypodermic syringe.

On the same subject, Mr. T. H. Morton, of Sheffield, adds:—

I might observe, without entering into the morbid conditions leading to obstruction of a sublingual gland or duct, that, practically, the surgeon's intention is to make a permanent opening in the sac, one which will allow the saliva continuous and natural exit into the mouth. It occurred to me, some years ago, that the use of a metallic seton acting, to some extent, as a drainage-tube, would attain this object; and, as two cases (both children) came under my notice, I tried the following operation. An ordinary suture-needle, carrying medium-sized silver wire, having been passed directly through the sac-like tumor from one side to the other, the ends of the wire were brought forward, twisted together, and cut off, leaving a small ring of metal half within and half externally. The wire was allowed to remain three weeks, then cut and withdrawn. It caused no irritation or impediment, and a patent orifice remained after removal. Both

cases were permanently cured. The ordinary seton, made of silk or hemp, necessarily sets up inflammation, and may induce subsequent closure or fistulous aperture. Injection of caustic fluids, as chloride of zinc, in ranula, is open to objection, as destruction of tissue is not desirable, at least in simple cases of obstruction. The plan I suggest is worthy of extensive trial, as it promises to supersede those hitherto adopted.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Our German contemporaries praise highly an essay by Dr. J. R. Mayer, of Stuttgart, the discoverer of the law of the correllation of forces. The essay in question bears the title, *Über Auslösung* (J. G. Cotta, Stuttgart). The learned author undertakes to give the *vis medicatrix naturæ* of the Hippocratic writings, its correct interpretation in the language of modern science, and is said to have done so most ably.

——The well-known house of Macmillan & Co., London, publishers of the *Practitioner*, have undertaken the publication, in England, of "Micro-Photographs in Histology," the monthly work conducted by Drs. Seiler, Hunt, and Richardson. A large edition is required by the English profession.

BOOK NOTICES.

A Manual of Bandaging, adapted for Self Instruction, with over one hundred illustrations. By C. Henri Leonard, M. A., M. D. Cloth, 8vo, pp. 132. Price $1.50

The Multum in Parvo Reference and Dose Book. Second edition, revised and enlarged. By C. Henri Leonard, M. D. pp. 78, cloth. Price 75 cents.

The Best Pocket Anatomist (founded upon "Gray"). By C. Henri Leonard, M. D. pp. 56. Price 50 cents. For sale by J. B. Lippincott & Co.

The titles we have given above are of a series of brief epitomes of the branches of medical science to which they have reference. The author has taken much pains, and exercised good judgment in the processes of selection and condensation. It is, in fact, astonishing how much he has got into these little books. As it is next to impossible, and certainly quite useless for a busy physician to retain in his memory various facts, tables, tests and processes which he once in a while has occasion to use, it is well for him to have at hand such a ready reference book as the second above mentioned.

The treatise on bandaging is very neatly illustrated, and, besides a very comprehensive description of bandages proper, contains chapters on knots, poultices, strappings and immovable dressings.

The Anatomy of the Head, with six lithographic plates, representing frozen sections of the head. By Thomas Dwight, M. D., Professor of Anatomy in Medical School of Maine, etc. 8vo, cloth. pp. 136. Hurd & Houghton, New York.

The study of anatomy from frozen sections has yielded some excellent results of late years, especially as applied to the softer parts of the frame. Dr. Dwight believes that by its aid the student can gain a better idea of the head as a whole, as it is in life, than by dissections only, though he would by no means omit these. The lithographs he gives are faithfully drawn from nature, and his descriptions unusually clear. His aim is modest, not including histology nor the refinements of craniology; but what he set out to do has been well done.

A Practical Treatise on the Diseases, Injuries and Malformations of the Urinary Bladder, the Prostate Gland, and the Urethra. By Samuel D. Gross, M. D., L. L. D., D. C. L., etc. Third edition, revised and edited by Samuel W. Gross, A. M., M. D., pp. 574, etc. Philadelphia, H. C. Lea.

Nothing need be said to commend this standard and classic work to the profession. It has long been considered one of the most valuable from the pen of the distinguished author. The editor has done his work ably and faithfully, and several of the chapters, by no means the least useful ones, are wholly from his pen. As a monograph representing all the surgery of the parts of which it treats, it has no superior in our tongue.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE BASIS OF THERAPEUTICS.

Dr. Rabuteau has boldly expressed a truth which many physicians, especially we may say his own countrymen, are apt to discredit, in these words: *La thérapeutique est la branche la plus importante de la médecine.* It is too much the fashion to talk of pathology, histology, and diagnostic refinements as more elevated subjects of study than the art of curing diseases.

For, in spite of the labors of this generation, an art it has been, and an art it remains. There is much complaint at this status of it; and we note that at the last meeting of the British Medical Association, Dr. Harvey, of Aberdeen, thought it necessary to inquire why therapeusis had progressed so little, compared, say, with chemistry.

Admitting that its progress had been retarded in various ways, there were some which are fairly chargeable to the profession. Two of these he dwelt on in detail. One is the neglect of the science of therapeutics in the schools, as a branch of medical education, or the teaching of it in most schools in the first year of medical study, when instruction must in great part be thrown away. The other is the idea, very widely entertained, of expecting to get from drugs what drugs never would or could yield. We never shall or can have a satisfactory system of therapeutics until we have as its foundation a complete and accurate exposition of the curative powers and provisions of the living organism; until we know the part actually played by the organism (*i.e.*, by Nature as contradistinguished from art) in the cure of injury and disease, and the modes and the ways in which, independently of human intervention, the organism works out the repair of injuries, and the removal of disease. We do not realize as we ought, what the curative power of the living organism is, or how great it is; nor have we that familiar knowledge which we might have, and ought to have, of the sundry and manifold processes of healing and of repairing continually in operation within the organism when suffering from injury or disease. And, until we learn this first lesson in therapeutics, and learn it well, we shall continue to go in quest of the philosopher's stone in therapeutics, seeking to find, in this drug and that, and sometimes actually finding, as we think, a cure for ills that Nature is herself competent to cure.

Along with what he advanced as the true foundation principle of a satisfactory system of therapeutics, Dr. Harvey describes what he regarded as another, namely, the exposition of what Nature unaided is incapable of doing in the cure of disease, and of what, in default of her, art is capable of doing. Dr. Harvey dwelt chiefly on the importance, in relation to therapeutics, of the study of the modes of dying, physiologically considered, and that of the modes of fatal termination of injuries and diseases; the practical object of that study being to enable us to give effect to Gullen's

memorable injunction to "*obviate the tendency to death.*"

Now, these latter words of Dr. HARVEY have in them more of wisdom than when he talks so much about something that he calls "Nature" being competent to cure. That is a metaphorical expression which means nothing.

The basis of therapeusis must be the observation of the means at our command to facilitate the processes of repair with which the system passes from disease to health. As these processes do not exist except by remote analogies in the healthy economy, physiological therapeutics is a paradox; nor does the knowledge of the presence of a given lesion furnish by itself a sufficient guide; for it then remains to be ascertained whether the other conditions exist which indicate a given therapeutic method.

The relations of therapeutics have, in our opinion, nowhere been more justly stated than at the close of an article by Dr. J. R. BLACK, of Ohio, published in the Ohio *Medical Recorder* last June. It is as follows:—

"The general conclusion of all this is, that pathology furnishes no clue to treatment except as it is an aid to diagnosis; that diagnosis is simply a picture formed in the mind of an assemblage of tolerably uniform symptoms, similar, but never exactly identical; that etiology has a more direct bearing upon therapeutics than pathology; but that our knowledge of the action of therapeutical agents is a thing apart from either of these departments, and formed almost exclusively on the empirical observation, that certain agents have an influence in modifying for good certain diseased states of the body."

These words, and indeed his whole article, deserve careful reading, and we would that writers on practice would bear the truth he expresses more constantly in their minds. We should then have fewer hobbies and hypotheses to overcome. The tendency of both practitioners and teachers, now-a-days, is toward decrying the dictates of experience in favor of a so-called scientific medication.

NOTES AND COMMENTS.

Therapeutical Notes.

SASSAFRAS IN CHRONIC RHEUMATISM.

It is not, perhaps, so generally known as it should be, that sassafras in this common disease is an efficacious remedy when the circulation is languid, the skin dry, and the kidneys, liver and bowels inactive. It has the advantage over guaiacum, of not being purgative. Dr. Fuller, of London, recommends the following formula:—

℞.	Sassafras radicis,	ʒiss	
	Mezerii,	ʒiv	
	Taraxaci radicis,	ʒiij	
	Aquæ ferventis,	Oj.	M.

Dose.—fl ʒj–iss, conjoined with a plentiful use of diluents.

BROMIDE OF SODIUM IN EPILEPSY.

Dr. Hollis gives, in the *British Medical Journal*, July, 1876, several prescriptions which he has used with good results in the epilepsy of children. They are as follows:—

℞.	Sodii bromidi,		gr.xv–xl
	Aquæ,		
	Aquæ camphoræ,		
	Decocti cinchonæ pallidae,	āā	ʒj

Ter die.

℞.	Sodii bromidi,		gr.xv–xl
	Tinct. cannabis indicæ,		♏xv
	Aquæ,	ad.	ʒj.

Ter die.

℞.	Sodii bromidi,		gr.iij
	Decoctæ cinchonæ pallidæ,	ad.	ʒij.

Ter die. For a child aged two years.

Blistering in Pleurisy.

Dr. J. Besnier has recently concluded the publication, in the *Journal de Thérapeutique*, of a series of articles on "Blistering in Pleurisy," which he had previously read as a paper at the Société Médicale d'Emulation. In these he expresses his surprise that while so much discussion has lately taken place at Paris on the operation of paracentesis thoracis, so little has been said about preventing its necessity. This may arise from the operation being principally performed at hospitals, where the patients are not seen until late in the disease; and it has met with little favor in private practice in Paris. For his own part, Dr. Besnier believes that it may almost always be avoided by the employment of blisters, but only on condition of these

being applied early, on the first or second day, which may be done safely and advantageously, whatever amount of acuteness of the disease and its accompanying fever be present. If we wait until this subsides, the opportunity is lost, and the means is then of doubtful efficacy.

Numerous Calculi.

In a clinical lecture on "Stone in the Bladder," lately reported in the *Medical Examiner*, Mr. T. W. Nunn, senior surgeon to the hospital, mentioned some interesting cases of this kind which are worth noting. One of these he thought almost unique. The patient was about seventy. He had served thirty years, more or less, in India, and he suffered from gout; and amongst other remedies for gout he had, twenty years before, tried the water-cure, under Preissnitz. Mr. Nunn was sent for one wintry night, and found him suffering from intense pain in the bladder, pain at the tip of the penis, frequent call to make water, and blood in the urine. He introduced a large catheter, and there ran out from it six or eight spherical bodies. Then for several consecutive days he introduced the catheter, injecting water, allowing it to escape; the result was that one hundred and twenty of these spherical calculi passed, varying in size from a No. 1 shot to a poppy-seed. A remarkable point about the case was, the smallest calculi seemed to produce just as much trouble, and irritation, and bleeding, as the largest.

Spinal Rheumatism.

Mr. Mora, according to *The Doctor*, says that spinal rheumatism is more common in men than women, and although it ordinarily begins in the course of an attack of acute rheumatism, it may precede it, or it may exist alone. The one constant symptom is pain in some part of the spinal column, very variable in intensity, and frequently changing its position from one part of the spine to another. The pain is liable also to extend along the limbs, especially the inferior ones, following, usually, the course of the great nervous trunks. The limbs may further be the seat of pains, uneasy sensations, or hyperæsthesia more or less generalized. Sometimes tremblings, spasmodic contractions, or convulsions, occur; but the most frequent symptom of spinal rheumatism is paralysis, which first attacks the inferior extremities. M. Mora distinguishes three forms, according to the intensity of the symptoms. As to treatment, he advises, according to the intensity of the disease, revulsives, general or local bloodletting, quinine, and particulary chloral, to combat the pains and spasms.

Brains and Brain Power.

M. Luys, not long since, laid before the Academy of Sciences at Paris the brains of an idiot and of an intelligent man, and demonstrated various deficiencies in the anterior lobes of the former. M. Claude Bernard did not seem convinced, and related that on one occasion Gall was shown the brain of Laplace and that of an idiot, and was asked to identify the former. He failed to do it. While there are idiots with undeveloped brains, there are others who seem to have the organ in great perfection.

Anæsthetic Action of Bicarbonate of Potash.

In a letter in the *Students' Journal*, Mr. J. A. Erskine Stuart says: Bicarbonate of potash is stated in our various text-books, to be antacid, antilithic, antarthritic, diuretic and alterative. But, besides these, it possesses a very peculiar property, which I have seen mentioned in no work on materia medica. If taken in a large dose, as a drachm, it produces anæsthesia in different parts of the body. One day lately I took about a drachm, and a few minutes afterward I felt a peculiar numbness all over the cheeks and around the lips. This numbness lasts for a considerable time. It has also been observed in the limbs and trunk. This peculiar action may account in some cases for the immediate relief which this drug gives in acute rheumatism, the diuretic, antacid and anæsthetic properties all combining to assist in the relief from pain.

The Cure of Inebriates.

Asylums for inebriates are novel institutions in England. At the last session of the British Association, Mr. C. Holthouse gave the results in the one he superintends, as follows:—

1. Women, if once they can be induced to enter an inebriate institution, are far more tractable, amenable to treatment, and curable, than men. 2. There is not always a necessary relation between the duration of the habit and the time required to cure it. In one case a drunkard of twenty years' standing was cured

in three months; while, in another, six months' treatment failed to reclaim a drunkard of only twelve months' standing. 3. In all cases of drink-craving, removal of the individual from his surroundings and usual haunts and temptations is essential. He requires to have a fresh start in life granted him; to be subjected to influences antagonistic to those he has been accustomed to; to have time to reflect on the past and the future. 4. The sending away of drunkards to a distant colony has, in all the cases which have come under the notice of the author, been attended with the worst results. 5. Properly conducted inebriate asylums offer the best chance for the reclamation of the drunkard. The abuses which are said to exist in American asylums do not affect the principle on which they are founded; and, in the absence of a law for compulsory admission, these places must be made attractive, or nobody would go into them. 6. Whether drunkenness be regarded as a disease or only a vicious habit, it is so widespread and ruinous, not only to the drunkard himself, but to his family, as to call loudly for legislative interference.

Quinine for the Relief of Pain.

The Paris correspondent of an English contemporary says:—

M. Verneuil, the well known surgeon of La Pitié Hospital, lately delivered an interesting lecture on the utility of quinine in surgical affections. He referred to several cases in his wards in illustration of the efficacy of this most valuable remedy in all affections in which the element *pain* is one of the conspicuous symptoms. Thus, for instance, in two cases of cancer of the uterus, M. Verneuil succeeded in relieving the excruciating pain characteristic of the disease by the administration of the sulphate of quinine, after having failed to afford the desired relief by the other means usually employed in such cases. M. Verneuil then summed up by announcing that the sulphate of quinine would be found particularly useful in all cases of an ataxic or adynamic nature, in neuropathic affections, and in septicæmia. In ataxic cases, the lecturer stated that it was not necessary that the symptoms should be of an intermittent character to justify the administration of the drug, and, as for neuropathic affections, no remedy can compare with it in these cases. He has found it particularly useful after operations on the eye, and in septicæmia its efficacy is undeniable. M. Verneuil explains its action thus in the latter affection: it diminishes the pus-forming process, and acts as a corrective of the septic elements generated at the seat of the lesion, whether caused by the surgeon's knife or by accident. Here the sulphate of quinine is doubly useful, not only on account of the above properties, but, even when employed locally, it acts as a powerful antiseptic.

The Influence of Cerebral Anæmia on the Circulation.

At the meeting of the Société de Biologie, on August 5th, M. Couty states that he had studied, in M. Vulpian's laboratory, the influence of cerebral anæmia on the cardio-vascular functions. The following were the results of his researches: If the anæmia involved all parts, brain and mesocephalon, there were, first, considerable augmentation of the arterial tension, which was doubled, and even in certain cases trebled; second, slowness of the pulse, which, from 180 to 140 pulsations a minute, fell to 40 or 30. After lasting some time, eight to ten minutes at least, these phenomena ceased, the tension falling even below the normal. If the anæmia involved only the anterior parts of the brain, the heart's action became slow, but there was no notable and lasting variation in the arterial tension. The retardation of the heart itself was less considerable than in the case of general anæmia of the encephalon.

Asthma Dyspepticum.

This name is proposed by Dr. Henoch, of Berlin, for certain attacks characterized by dyspnœa, cyanosis, small pulse, and cold extremities, but where nothing abnormal is found in the circulatory and respiratory organs. The stomach, however, is sensitive, and the attack disappears when it is emptied of its contents.

Correspondence.

Hydatid Disease in Iceland.

Reykjavik, Iceland, Sept. 9, 1876.

Ed. Med. and Surg. Reporter:—

It affords me great pleasure to be able to give the readers of your excellent Medical and Surgical Reporter some account of the most difficult, yet perhaps the most interesting malady in my island, known as hydatid disease.

I dare say it is generally known among

medical men in America, that this disease is peculiar to Iceland. Although this malady may be considered to be general, yet it is impossible to state how many there are affected, and hence, the statement of Dr. Leared, in London, who visited the island in 1862, that every fifth individual was carried away by it, is very far from being reliable; besides, a short visit cannot decide so difficult a point. Referring to a very able medical man. Dr. Finsen, who stayed in Iceland for ten years, we may remark that his opinion is, that of 7539 cases of various kinds of maladies, there were three per cent. of hydatid; this, however, according to my experience, which is more than ten years, is too much. Although my practical experience has been somewhat largely extended, yet I should be very careful to give the exact amount of cases of that disease, owing to the difficulty of judging other parts of the country. We note Dr. Schleisner's able nosographia of Iceland, wherein he states, that of 327 cases of various kinds of diseases, he had 57 cases of hydatid, or more than one-sixth. We can only account for this, that Dr. Schleisner wanted specially to notice that disease, and hence he may have selected those cases before others, and arrived at a somewhat vague conclusion. However, we do not make these preliminary remarks for the purpose of undervaluing the services of those able medical men we have quoted, but merely to make our readers bear in mind how careful medical men ought to be in giving facts which others may find fallible.

Causes.—Until lately, the medical faculty was quite ignorant as to the causes of this interesting malady; there was nothing more natural than to believe the same about intestinal worms as about insects and fishes, viz., they were produced spontaneously; but in the seventeenth and eighteenth centuries this opinion became more vague. However, to come to the point at once, it is now believed, by several excellent medical men in various countries, that this disease has its origin from the dogs, *tænia echinococcus*. The mode in which the dog can transfer the disease to the human being is very difficult to state, and is, as far as I can judge, not quite clear yet. I admit the close connection which Icelanders in general, especially in the country, have with the dogs can occasion it.

It is interesting to remark, that those troubled with this malady, often reckon its commencement from a contusion on that spot where the disease appears; but a contusion itself cannot be the cause. It is also peculiar, that in one case under my treatment the hydatid cyst increased considerably during pregnancy, and Dr. Finsen relates the same; and further he observed a hydatid cyst which appeared in a child, while suffering from croup, which the parents, who were very attentive, never noticed, nor had the child complained of any pain in the abdomen; during the croup, however, it began to complain of great pain in the abdomen, by which the cyst was discovered. In conclusion, as to causes, it is now believed that it is the dog which causes it; but it is my opinion that it is not yet fully ascertained; there may be other causes yet unknown.

This malady can be latent for a very long time. Generally the hydatid cyst increases gradually, but sometimes it remains stationary for a long time; sometimes it increases rapidly, and again, it diminishes and soon passes away. Generally, if not treated, the patient will gradually succumb, and ultimately die, but it is highly interesting to notice the various methods nature has at her command to throw off the disease. In this respect I have noticed peculiar cases under my treatment; thus, in one case, the patient had a hydatid cyst in the liver, and vomited many cysts; the autopsy showed perforation of the duodenum close to the stomach. In another case I found that the patient had three hydatid cysts of various sizes, one in the liver, the others in the abdomen; the largest in the abdomen I operated on by the caustic method; the other, nearly as large, was situated just above, a little to the right of the symphisis pubis; this cyst undoubtedly had some connection with the *vesica urinaria*, because, during last summer, she noticed, after suffering great pain for a long time at this spot, that the cysts, all ruptured, began to pass with the *urine*. In the beginning, when she told me, I believed she was mistaken, and that they passed *per vaginam*, but I ascertained by inspection that it was as she stated, and never appeared except during micturition; gradually the cyst disappeared altogether. The third case I had, I noticed the cyst disappeared *per anum*, in a patient who was pregnant. The fourth case was a young boy with two hydatid cysts; I operated on one by the caustic method (Recamier's), and intended to do the same with the other as soon as he had gained sufficient strength, but in the meantime, while playing, some of his comrades threw him down, and he felt at once great pain in the abdomen with vomiting, and there appeared over the whole body, *urticaria* (a symptom I shall notice hereafter). Gradually he became well and the cyst disappeared.

Diagnosis.—The diagnosis is generally easy; however, I have had not a few cases where it was very difficult to decide whether it was a cyst or the liver itself; the cyst sometimes perforates the liver in such a manner that a part of the liver lies between the abdomen and the cyst, and thus I have sometimes, in *sectio cadaveris*, passed the knife through the liver before it reached the cyst.

The differential diagnosis may be thought to be difficult between an abscess of the liver or *hydrops vesicæ felleæ*, or *canar cystis*, or *aneurisma aorta*, but I have never met with such a case, and will therefore not treat it further. Sometimes it may be difficult to diagnose the hydatid cyst from ascites, especially when the cyst extends over the whole abdomen, as in a case I have just experienced; I tried *punctio explorativa*, with aspiration with the apparatus of Dieulafoy, but without success. I have this patient

now under my treatment, and the contents of the cyst, which were pus and an enormous quantity of small cysts. I have sometimes noticed the so-called remittent hydatid, and if this symptom shows itself, then the diagnosis is certain. As far as I know it was *Briançon* who first noticed this, in his thesis: (*Essai sur le diagnostic et le traitement des acephalocysts, Thèse; Paris* 1828) and about the same time *Piorry* (*de la percussion mèdiate, Paris* 1828). Generally this symptom does not appear, but when it appears, it is very characteristic; I have noticed it when the cyst did not contain a single small cyst, and I have noticed this also where there was a great quantity; whether this depends upon the shaking of the extended elastic *cuticle* or upon small cysts, is, I think, not easy to determine. The experiment of Briançon is quite a hypothesis. That the diagnosis is very difficult between the hydatid cyst and cyst of the ovarium can be easily supposed. Another point which in many cases is impossible to decide, is, where the hydatid cyst has its beginning and from what organ does it spring. This can only be decided by *sectio cadaveris*, and the author's opinion upon this point is not to be relied on unless proved by section. I have come to this conclusion by personal experience several times, which I shall have the pleasure to explain in the next.

JONAS JONASSON, M. D.

The American Gynecological Society.

NEW YORK, September 24th, 1876.

ED. MED. AND SURG. REPORTER:—

The first meeting of the above-named society has been held in this city last week, commencing on the 13th. There was an excellent attendance of leading gynecologists and obstetricians from all our principal cities. The President was Dr. Fordyce Barker, and the address of welcome was by Dr. T. Gaillard Thomas.

Without pretending to mention the social courtesies so handsomely offered, it will be sufficient to notice the principal contributions presented. These were:—

Dr. Emmett, on Incision of the Cervix Uteri. The author advised against any incision unless the flexion was in the cervix and below the vaginal portion. Two out of three women with flexion of the cervix have become pregnant after the operation.

Dr. Jenks, on Viburnum Prunifolium, with special reference to its uses in the treatment of the diseases of women. The writer dwelt on its great value in the treatment of the various forms of dysmenorrhœa, especially in that known as spasmodic. The dose he used was from half a drachm to a drachm of the fluid extract, given every two or three hours during menstruation.

Dr. Byford, on the Spontaneous and Artificial Disintegration of Fibrous Tumors of the Uterus. Several cases were given by Dr. Byford in which the administration of ergot, for a longer or shorter time, had been followed by the gradual disintegration and expulsion of large uterine tumors.

Dr. H. R. Storer, on the Uterine Ebb and Flow as a Factor in Uterine Disease. The object of the paper was to show the necessity of selecting the post-catamenial period as the time for performing uterine operations.

Dr. Noeggerath, on Sterility. He asserts the existence in women of a subacute form of gonorrhœa, which is almost incurable, and which is the cause of a large proportion of the cases of sterility which a doctor is called upon to treat. A man has gonorrhœa and is supposed to be cured of it, but according to Dr. Noeggerath he still carries about with him the traces of the poison, which communicates to the female this so-called latent gonorrhœa.

Dr. Barnes, of London, read a paper on the pregnant state. In one of the discussions this distinguished visitor said he did not believe that it was possible to tell whether the fluid drawn from an abdominal tumor was ovarian from the mere presence of the so-called ovarian corpuscle. To this Dr. Drysdale took exception, and stated that he believed there was a corpuscle which was pathognomonic of ovarian fluid.

Of the other papers presented, we may mention one by Dr. Alfred Wiltshire, on Uræmic Poisoning; Dr. Peaslee, on the Extirpation of a Bipartite Uterus and Both Ovaries, for the Cure of Epilepsy; by Dr. Goodell, on Perineal Lacerations, and others by title only.

The next meeting will take place in May, 1877. Yours, OBSERVATOR.

Pregnancy with Vaginal Atresia.

ED MED. AND SURG. REPORTER:—

I was called in the month of April, 1875, by Mr. H., to see his wife and give an opinion whether she was pregnant or not. Mrs. H. was about 26 years of age, had been married two years and had never been pregnant. She had always menstruated regularly until January, but had suffered from dysmenorrhœa.

On making a digital examination per vaginam, I found an atresia in the upper portion of the canal. My first supposition was that it was an unruptured hymen, but upon further examination I found there was lateral adhesion for the space of about a quarter of an inch. There was an opening through which a Simpson's sound could be readily passed into the cul-de-sac above, and the os could be distinctly felt.

The question of pregnancy was solved by hearing the beating of the fetal heart, and I was in a short time confirmed by the quickening.

I advised an operation for the cure of the atresia. Owing to the extreme dread of the patient to any surgical interference, I decided to attempt its cure by means of dilatation with sponge tents.

Tents were introduced three times a week for nine weeks, when the parts were fully dilated

and of a natural size, which condition was maintained.

The first intimation that Mrs. H. had that labor had commenced was the escape of the waters, which occurred suddenly and without pain, on Saturday, Sept. 23, at 5 o'clock P. M. I saw her at 7 o'clock, and, on examination, found that the os was dilated only slightly—not enough to admit the index finger.

During the night the pains came on about once in half an hour, and were not very hard. After 8 o'clock, Saturday morning, they increased in force and frequency, and by 11 o'clock they were so severe that I put her under the influence of ether. The os was dilated to about the size of a silver half dollar, and I was enabled to make out the presentation of the child (which was a head), but could not determine the position. The pains, which had been frequent and severe, were now almost constant, and extremely hard. This state continued until about 11 P. M., when I called in Dr. Capron. Upon consultation we decided that, as the os was still rigid, and not fully dilated, it being now about the size of a dollar, it was impracticable to attempt to apply the forceps, and we decided to wait. About 4 o'clock the os was so dilated that the forceps could be applied, but could not be done perfectly, so as to lock. No motion of the child had been felt for two hours, and the pulsations of the fetal heart could not be distinguished. Having become satisfied that the child was dead, and the patient showing signs of exhaustion, and there being no signs of speedy delivery, we decided to perform craniotomy, which was done, and in about twenty minutes she was delivered of a male child, weighing about twelve pounds.

The patient made a good recovery in about six weeks. The case was an unusual one from the commencement. First. In regard to the atresia and the success of the treatment. Second. The absence of all pain at the commencement of labor. Third. The extreme rigidity of the os, which so long continued.

Providence, R. I. W. E. ANTHONY, M.D.

Case of Abnormally Adherent Membranes.

ED. MED. AND SURG. REPORTER :—

I was called to attend a healthy German woman in her sixth labor. No disease could be traced in either husband or wife, but this was their third still-born child. She said that in her last labor she flooded terribly, and on attempting to sit up on the ninth day came near dying from sudden hemorrhage.

The delivery of the child, which had been dead about two weeks, was normal. I attempted to deliver the placenta by external pressure alone, and, upon grasping the anterior and posterior uterine surfaces through the flaccid abdominal walls, was gratified by seeing it almost instantly expelled, but, upon examination, found only the cotyledons of the placenta, the membranes being adherent to the internal walls of the uterus. There was considerable hemorrhage, and I instantly determined to detach the membranes by intra-uterine manipulation, which caused the patient to faint; the uterus was perfectly relaxed, and blood flowed profusely. The membranes were so closely adherent that I could detach strips only from $\frac{1}{4}$ to $\frac{1}{2}$ inch wide, and from $\frac{1}{2}$ to $1\frac{1}{2}$ inches in length. Ergot and my hand intra-uterine did nothing to check hemorrhage.

Fearing my patient would die, I decided to let nature take care of the membranes, and resorted successfully to other means to check hemorrhage. The patient was put on ergot and opium; mush poultices and turpentine stupes used alternately over the region of the uterus; and on the third day, after much pain, the membranes were expelled in the shape of a globe about four and a half inches in diameter. This ball was gritty in portions, indicating that the membranes had been calcareous in patches. On the third day the patient had a pulse of 136, dry tongue and headache, and on the seventh day sat up two hours, making a very good recovery.

I consider this a case in which, after the expulsion of the placenta, it would have been utterly impossible to have detached the membranes by manipulation.

Philadelphia. H. V. SCOTT, M. D.

NEWS AND MISCELLANY.

The Jefferson College Hospital.

This handsome edifice, on Sansom street above Tenth, in this city, is rapidly approaching completion. A description of it will interest many of our readers :—

The edifice itself is of brick, and is about 107 feet square, with four fronts, three of which are upon streets, while the fourth or eastern front opens on a yard extending the full length of the building. By such a disposition full light and ventilation are amply obtained. The main portion of the hospital is five stories in height. The basement and lower stories are to be devoted to the reception and treatment of out-door cases, and to the offices and administration of the institution, while the wards and rooms for private patients will occupy the upper stories. The hospital will be furnished with every convenience, and in the completeness of its outfit and arrangement, will, we believe, be second to none in our country. A steam elevator will be provided, and access at all times will thus be rendered easy, and without fatigue, to every part of the building.

In the matter of ventilation the utmost care has been taken to insure a current of pure air, and at the same time to permit the ready egress of foul air and noisome exhalations. Each ward possesses a natural ventilation by means of windows upon two of its sides. An artificial ventilation is also obtained by open-

fire-places, and by ducts or flues communicating with the external air, and with the two lofty ventilating shafts, which tower above the roof of the building. Indeed, in this important matter of ventilation, the hospital is fully furnished with all the most modern improvements, and will, we are sure, be unsurpassed, if, indeed, it be equaled, by any similar institution in the country. The heating of the house will be effected by hot-water pipes, from boilers of great capacity, placed in fire-proof vaults. In addition to the hot-water apparatus, each ward is provided with two open fire-places, which will serve the double purpose of heating and ventilation. The laundry arrangements will be very perfect, and will be run by a separate engine. The floors of the building are all double, and are "deadened" by intermediate packings of non-conducting material, so as to prevent the transmission of noise and sound. The wards, private rooms, kitchens, and the offices of the superintendent, matron, apothecary and resident physicians, will all be connected by speaking tubes, bells and annunciators; and, in short, it will be found that no pains have been spared to insure that prompt relief and attention to the wants of the suffering inmates so necessary in a modern hospital.

The capacity of the college hospital will be over one hundred beds in the wards. In addition, there will be numerous beds in the rooms set apart for private patients. The completion of the edifice, which is now under roof, will probably be accomplished in three or four weeks, when the building will be thrown open for public inspection. It is the hope of the trustees to be able to inaugurate the new Jefferson Medical College Hospital in its good work early in the coming year.

The Health of Philadelphia.

The Bureau of Medical Service of the Exhibition has published a circular showing that the average annual death rate in this city, from May 13th to Sept. 23d, has been 23.48, against 30.73 in New York 26.91, in Brooklyn 24.80, in Baltimore, and 24.27 in Chicago, during the same time. The average mortality per week from typhoid fever and diarrhœal affections has been 83.88; from zymotic diseases, 112; from all causes, 406.5. Despite the very severe and prolonged heat of June and July, and the vast number of unacclimated strangers constantly present in Philadelphia since the 10th of May, the general health of the city has been remarkably favorable. With the exception of the four weeks ending July 22d, the range of temperature for the past five months has been about the average. Thus, for the entire period of twenty weeks since May 10th, the mean daily temperature has been 71.30° F., while the average for the same months during the past ten years has been 71.82° F. The mean temperature of the four weeks referred to (ending July 22d), on the other hand, was 80°, 83°, 83°, and 81° respectively, giving an average for the month of 81.75°, against 75.5° F., the mean temperature of the corresponding period of the previous year.

International Medical Congress.

At the last meeting of the Centennial Commission, it was announced that all expenses had been paid, and enough surplus remains to publish the volume of *Transactions* in the best manner. Professor Gross closed the Commission's labors with some peculiarly felicitous remarks.

Corrigenda.

On page 293, in the prescription for whooping cough, the amount of the vehicle should be f℥j, instead of f℥j. The acid used is the officinal dilute acid.

On page 240, R. L. M. desires us to say that for vomiting he intended to say a teacupful of milk, instead of a teaspoonful. Quite a difference.

—Dr. Philip Leidy has removed to 526 Marshall street, above Spring Garden, this city.

QUERIES AND REPLIES.

Fluid Extract of Rosin Weed in Asthma.

Mr. Editor:—At the suggestion of Dr. Jas. S. Green, of Elizabeth, N. J., I have treated several cases of *Asthma* with Fluid Extract of Rosin Weed, prepared by Hazard & Co., 5th Avenue Hotel, and am convinced that it has considerably relieved, and finally cured, my patients. Dr. Green's experience has been the same.

Will you be kind enough to ask your readers, through your valuable journal, if they have any experience with this drug, and its effects?

Very respectfully yours,

Dr. ROBERT TAYLOR, 285 Fifth ave., N. Y. City.

[The name *rosin weed* is popularly applied to several species of *Silphium*, one or two of which have long held a place in domestic practice as tonics and antispasmodics. Doubtless some of our readers who are familiar with the medical flora of our country can give further particulars.—ED. REPORTER.]

Dr. R. A. C., of Tenn.—Sulphate of cinchonidia has not, as yet, been sufficiently tested to allow a final comparison with quinine. It is, no doubt, a good antiperiodic. For dose, use, etc., see REPORTER, Feb. 14, 1874.

J. G. C., of Pennsylvania.—"There is a good Female Seminary at this place (Mount Vernon Seminary). Our winters are comparatively open and mild, and, we think, there is no healthier place south of this. Will send circular, etc., on receipt of your address."

J. A. T., 217 D. st., Washington, D. C.

DEATHS.

CUMMINS.—In Dover, N. J., on August 30th, 1876, Hattie R., wife of George O. Cummins, M. D, aged 30 years.

SMITH.—At Patterson, N. Y., September 19th 1876, Orsamus Smith, M. D., aged 40 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

REMOVAL OF A CYST OF THE BROAD LIGAMENT.

BY R. STANSBURY SUTTON, A. M., M. D.,
Of Allegheny City, Pa.

Miss F. H., a resident of Pittsburg, aged 21 years, presented herself at my office July 7th, 1876. Her parents were Bohemians. She was born in Pennsylvania, and had living and well two sisters and three brothers. Until five years ago, or up to her sixteenth year, her health was excellent. She menstruated first at fourteen. At sixteen she became irregular, and observed about this time an increase in the size of her abdomen. A year after this she was tapped by Dr. John Dickson, and eight quarts of clear fluid removed. She describes the fluid as being "clear as well water." Thirteen months later she was tapped again, by Dr. A. G. Walter, and ten quarts of similar fluid were removed. Eight months later she was tapped again by Dr. Walter, and twelve quarts of similar fluid were removed. On the 10th of August, 1875, she was subjected to the fourth tapping, this time by Dr. Duff. Forty-two pounds of clear fluid were removed. It is, therefore, scarcely a year to-day since she was tapped. She reports a good appetite, daily action of the bowels, and the ability to sleep well.

MEASUREMENTS.

Around the body at umbilicus,	42 inches.
From ensiform cartilage to umbilicus,	9 do.
From umbilicus to pubis,	10½ do.
From umbilicus to right superior spinal process of ileum,	$10\frac{5}{16}$ inches.
From umbilicus to left superior spinal process of ileum,	10½ do.
Around the body two inches above umbilicus,	41½ do.

Fluctuation is very distinct over the entire swelling. Change of position does not alter the boundaries of fluctuation. The abdominal walls glide readily under the hand over the anterior and lateral aspect of the growth. The epigastric veins are slightly enlarged. The umbilicus is level with the general surface. Patient considerably emaciated. The expression of countenance is not decidedly ovarian. The uterus is retroverted, movable, and measures in depth $3\frac{3}{8}$ inches.

The following facts gained in this examination may be tabulated:—

1. The patient is young.
2. The growth has not been rapid.
3. The tumor is large, but the general health tolerably good.
4. The abdominal veins are less enlarged than usual, with great distention.
5. Fluctuation very distinct and continuous over entire growth.
6. The expression of countenance not decidedly ovarian.

July 31. To-day I introduced a large aspirator needle into the cyst, and through it evacuated thirty-four pints of fluid, literally "as clear as well water." This fluid possessed high refractive power, contained no albumen, but chloride of sodium. Its specific gravity was 1.008. It was very apparent that the cyst was of the broad ligament. At this tapping

the cyst was not emptied, but considerable fluid was left in it intentionally. Ordered tincture ferri chloridi, gtt.xx ter die, and good diet. Also lithia citrate, grains v, in a glass of water, each morning before eating.

August 14. At 10½ A. M., Squibbs' ether was administered by Dr. Giesking. Assisted by Dr. Rahauser, the family physician, Dr. Lemoyne and Dr. Purviance, I proceeded to operate. An incision four inches long was carried through the abdominal wall in the line of the linea alba. The cyst, partially empty, was seized with a tenaculum and partly drawn through the incision. Fitch's trocar was now introduced, and the cyst rapidly emptied of twelve pints of fluid. It was now carefully drawn out, and found to be a cyst of the left broad ligament. Its pedicle was very short and very broad. The ovary adherent to the cyst was healthy. A needle threaded with four strands of carbolized silk was now carried through the pedicle about its centre. The needle was cut away, and each half of the pedicle tied firmly with two strands of ligature. The pedicle was now severed an inch posterior to the ligatures and the cyst removed. After sponging out the belly, the ligatures were cut off close to the knots and the pedicle dropped in. The wound in the abdominal wall was now closed with sutures of carbolized silk, a bandage adjusted, and the patient placed in bed. Pulse 88. Pain being complained of, an injection of morphia was given subcutaneously, a jug of hot water placed to the feet, and milk and lime-water ordered to satisfy either thirst or hunger.

14th, 10 P. M., temperature 101°; pulse 106.

15th, 10 P. M., temperature 100⅘°; pulse 106. Removed two stitches from wound.

16th, 10 P. M., temperature 100⅕°; pulse 104. Removed two stitches from wound.

17th, 10 P. M., temperature 100¾°; pulse 116. Removed the last stitch; wound closed.

18th, 10 P. M., temperature 100¼°; pulse 108; is eating well; ordered quinine sulphate, grs.v, and tinct. opii., gtt.x, per rectum, daily, to avoid tympanites, and as a tonic.

19th, 10 P. M., temperature 100¾°; pulse 98. Taking also to-day a dessertspoonful of brandy, at meal time.

20th, 10 P. M., temperature 99½°; pulse 100.

21st, 10 P. M., temperature 99½°; pulse 100. Complains of frequent desire to pass fæces, without any result. On passing the finger into the rectum it was found packed. It was broken up and emptied, by the aid of large injections of soapsuds, of a large quantity of fecal matter.

22d, 10 P. M., temperature 99°; pulse 84.

24th, 10 P. M., temperature 98½°; pulse 80. Sitting up to-day in bed.

30th, 10 P. M., temperature 98½; pulse 80. Sitting up, appetite good, out of bed to-day.

September 2d. Slight neuralgia, intercostal, to-day; ordered a flannel jacket.

September 3d. Neuralgia gone.

September 4th. Discharged.

September 27th. I visited this patient to-day, the forty-fourth since the operation, and found her actively engaged in household duties, and looking cheerful and happy.

During the first four days after the operation the catheter was used every six hours by Dr. Rahauser, who remained associated with me in the after-treatment of the case.

MONOBROMIDE OF CAMPHOR.

BY I. J. M. GOSS, A. M., M. D.,
Of Marietta, Ohio.

The monobromide of camphor consists of one equivalent of camphor and one of bromide, united ($C_{10}H_{16}O$,Br.). It is a white crystalline salt, having the odor of camphor, and slightly that of bromide. The atmosphere decomposes it when it is exposed at a heat of 100°. Monobromide of camphor was first used by a Belgian physician, and then by Professor Hammond, of New York. The last-named physician has used it in infantile convulsions from the irritation of teething, in doses of one grain every hour, until the convulsions ceased, which required one dose in one case, and two in another. Also in a case of hysteria, occurring in a young married lady, in the form of paroxysms of laughing and weeping, alternating with epileptiform and choreaform convulsions. He gave it in doses of four grains every hour, and it required ten doses to break up the attack. He likewise used it in headache of young girls and older women, arising from mental excitement and excessive study. In these cases, one dose of four grains was sufficient to cure these headaches. He treated a case of delirium tremens in a large plethoric man, who had taken one hundred grains of bromide of soda before, and could not sleep; but five grains of bromide of camphor produced sound sleep for twelve hours, the patient falling asleep in half an hour

after taking it. The well-known effects of both these remedies upon the generative organs point to this compound as a direct and potent remedy in many diseases of that part of the system. It is a very positive remedy in chordee, and should be given in small doses, say one or two grains every hour until relief is obtained, one or two doses generally giving relief. In nymphomania we have no remedy equal to this compound salt of camphor and bromine. In spermatorrhœa, with nocturnal emissions and amorous dreams, it is one of our most positive remedies, and for these diseases, peculiar to masturbators, it may be given in doses of three or four grains, at bedtime; and if it is an old case, it may be given three times a day for several days, until the brain is sufficiently impressed by it.

In those cases of cerebral anæmia that occur in those who are excessive in their indulgence of the virile passions, the bromide of camphor is a positive remedy, given in doses of four or five grains three times a day, until sleep is produced and the nervous system becomes normal. In cases of debility, where there is coldness of the extremities from want of force in the heart, three or four grain doses three times a day will be found to equalize the circulation. It impresses the cerebro-spinal system, and lessens any preternatural excitement of it, as paralysis agitans, called shaking palsy. It is also a very prompt remedy for nocturnal incontinence of urine, in young or old, and should be given to adults in six-grain doses, at bedtime, and to children in one or two grain doses, according to age.

In that *opprobrium medicorum*, masturbation, which soon produces such exhaustion of nerve power as to affect the whole vegetative system, we have in this combination a remedy that meets the indications, so far as the circulation is concerned. If, however, the habit has been indulged in for a considerable time, then the bromide of camphor will have to be alternated with the phosphates or phosphorus, to supply medullary material. When masturbation has been long practiced, it results in spermatorrhœa, and often in prostatorrhœa; and as the sperm cells consist of nervine, it is apparent that excessive discharges of spermatic fluid, in any way, leads to debility and exhaustion, and also to cerebral inactivity, and often to insanity. Now, it is well known that bromine, in the form of the bromide of ammonia and potassa, is the most powerful antiphrodisiac that we possess; and camphor also possesses the same power in a considerable degree. A combination of the two has resulted in one of our most positive remedies for that irritable condition of the brain that results from either excessive sexual indulgence or masturbation, and will be found to relieve many of the sequents of that peculiarly morbid condition of the cerebro-spinal system. It will also be found the remedy for all those diseases caused by cerebral anæmia or exhaustion. The camphor predominates in effect, and hence stimulates the cerebro-spinal system, and thereby counteracts the tendency to paresis of the brain and cord; but it should not be given in large doses, as it would then prove toxical in its effects.

LOSS OF BOTH PAROTID GLANDS FROM SUPPURATION OF THE SURROUNDING AREOLAR TISSUE.

BY J. S. WRIGHT, M. D.,
Of Gatchelville, Pa.

I was called to see Issacher McLane, aged ten years, April 29th, 1876, and found the patient suffering intensely from gastro-enteritis. The inflammation for several days was of a very high type, and the pulse, ranging from 100–140, was full and bounding. Treated the case with antiphlogistics and anodynes, giving veratrum viride to control the circulation. A blister was applied to the abdomen. The inflammation subsiding I gave tonics and stimulants to support the system. The patient began to convalesce, and on May 7th I concluded to make but one more visit.

May 8th. He was not so well as the day previous. Pulse more frequent; tenderness and redness over the parotid glands; complained of stiffness of the neck.

May 9th. He was much worse; the face and neck very much swollen; pulse frequent and thready. Sent for Dr. W. F. Smith, of Airville, to meet me in consultation immediately. Diagnosis, erysipelatous inflammation of the cellular tissue of the neck and around the parotid glands.

Treatment. Tinctura ferri chloridi, ten drops, alternately with pill sulph. quinia, 2 grains every four hours. Tinct. aconite rad., two drops three times daily. Gave one-tenth grain of morph. sulph., to relieve pain, and infusion of senna and epsom salts for bowels, as required;

Locally, mucilage of elm bark and sol. acet. lead and opii.

May 10th. No improvement.

May 11th. Called Dr. Smith in consultation again. We both examined the patient carefully and could detect no signs of the formation of pus. Agreed to continue the treatment.

May 12th. Still no improvement.

May 13th. Change appeared for the worse. Great difficulty in swallowing, from stiffness of jaws; the mouth could scarcely be opened sufficiently to admit a small teaspoon. Difficult respiration.

May 14th. Detected fluctuation over the left parotid; made a free opening vertically. Pus flowed freely. Owing to the resistance of the patient I was unable to examine the right side.

May 15th. The patient still resisting, I gave chloroform and made a free incision over the right parotid, thus giving free discharge. Applied warm water dressings and poultices of flaxseed, medicated with acetate of lead and laudanum.

May 16th. The pus continued to flow freely from each ear, also from the opening over the parotid glands, and by using a syringe charged with warm water it passed from the ears through the external openings over the glands. The pus having opened into each auditory canal, I ordered the ears to be thoroughly syringed three times daily with warm water; and had the poultices changed frequently.

This treatment, together with the iron and quinia, I continued, and both parotid glands came out wholly at the openings. The patient after this began to recover rapidly, and on June 5th dismissed the case as cured. I have since made inquiry of the family and have been informed that he does not suffer any inconvenience whatever from deficient saliva, and has made a complete recovery.

ACTIVE HEMORRHAGE PRODUCED BY COITUS.

BY F. H. CRANDALL, M. D.,
Of Medina, New York.

I was consulted by Mr. L., who was married three weeks previous, stating to me that his wife had been flowing constantly since the first time of coition, and that she was becoming quite weak. I asked him if he knew how long it was since her last menstrual period, to which he replied that it had just ceased at or about the time of coition. I asked him if she seemed to enjoy sexual intercourse; he said she tried to, but could not. He gave her age as thirty-five years. I asked to see his wife, to which he said she objected, on account of delicacy, but added, if I would send her some medicine, if she was not better in the morning I would be called. I ordered one-drachm doses of the fluid extract of ergot every two hours, and ten grains of gallic acid every two hours, alternating the doses.

October 16, at 10 A. M., I was summoned to see Mrs. L. Found her in bed; countenance pale and anxious; pulse 110; respirations 22; skin warm and dry; a little headache and considerable nervous irritability; tongue coated; bowels regular. Said she was flooding just as bad as before she took the medicine. Upon digital examination, I found the uterus to be *in situ*. I introduced the speculum, and found that the hemorrhage proceeded from the intra-uterine walls. I passed the sound, and found the measurements of the uterus to be normal, and no polypus nor abnormal condition of the uterus that I could see, except heat. The vaginal pulse was perceptible, and increased softness of the vaginal portion and tenderness of the uterus, when pressure was made upon its walls through the vaginal roof.

I pronounced it a case of active intra-uterine hemorrhage, produced by coition taking place soon after the menstrual flow had ceased, and while the ovaries and uterus were in a highly congested state. I introduced the tampon, ordered the gallic acid discontinued, and gave acetate of lead, three grains, with half a grain of opium, every four hours; the ergot to be continued, with five grains of quinine night and morning; beef essence and milk for diet. I elevated the foot of the bed, had all pressure removed from the waist and abdomen, and ordered perfect quiet and rest upon the part of the patient.

At 9 P. M. I removed the tampon. The hemorrhage seemed just as active as ever, and there was retention of urine. I used the catheter, and resolved to make an intra-uterine application of an ointment made of the persulphate of iron and simple cerate. I went to my office to prepare the ointment, and Dr. Warren, of Lyndanville, called in to see me. I gave him a history of the case, and invited him to visit it with me. After an examination, he thoroughly agreed with me in the diagnosis and treatment. I then made the application

of the unguentum ferri to the intra-uterine walls, with Barnes' uterine ointment positor. I continued the acetate of lead and opium. As the pulse was becoming more frequent and the skin dry, I ordered liquor ammonia acetatis, freshly prepared, in two-tablespoonful doses every two hours, and five grains of quinine night and morning. At 2 A. M. on the 17th I was summoned by the husband, saying that Mrs. L. was dying. I told him to call Dr. Chapman in consultation.

On my arrival I found that the hemorrhage had subsided more than half, and that the alarm of the friends was caused by a nervous sinking spell. I ordered a little brandy, and after a brief consultation with Dr. Chapman he thought my treatment was sufficient. I ordered it continued. At 12 M. I called in company with Dr. Warren, and found the hemorrhage gradually subsiding and patient feeling comfortable. We assured her that the danger was over, and that she was doing as well as could be expected.

Owing to a pressing engagement, I was constrained to leave my patient for a few hours, and during my absence Dr. G—— was called; on my return he stated he had not prescribed, but he had some suggestions to make as to future treatment. He advised giving fluid extract of ergot, in two-drachm doses every two hours, with quinine. I replied that the quinine was proper, but that I saw no reasons for giving the ergot; besides, I had used it in my earliest treatment of the case. He then advised me to give Monsell's solution, a half-drachm every thirty minutes, for its hæmostatic effects. The hemorrhage was sufficiently controlled; the main thing now was to treat the fever, quiet the nausea and allay nervous excitement. I thought that it would be a serious clinical error to administer iron at this stage of the case. I proposed to give subnitrate of bismuth, grains v, with $\frac{1}{8}$ of a grain of morphia, to correct the nausea and allay the general irritability; to give quinine and continue the saline solution; to reduce the temperature and supply the loss of fluids to the system, to which the doctor demurred and condemned the treatment. I called in Dr. Chapman, who agreed with me in treatment; and the patient commenced to convalesce in a few days, without Monsell's solution, however, and I never have learned that there has been any subsequent hemorrhage from the same cause.

I consider this a case of great interest, from its rare occurrence. The uterus is the only organ in the body from which blood flows as a physiological process; many organs and all the erectile tissues are subject to normal congestion. It is then fair to suppose that perhaps, with an unsound mucous membrane, excess of coitus at or near the menstrual epoch will set up active hemorrhage; but these cases are very rare, as far as my experience extends. I never have known of but one other case; that was a friend of mine, who commenced flooding while at the dinner-table in the Metropolitan Hotel in New York city, the next day after she was married, and it came near proving fatal, the hemorrhage being so profuse. Hemorrhages, from whatever cause or nature, are more or less alarming to both patient and friends, and call many times for active treatment on the part of the attending physician, and on that account it is advantageous to the medical profession to report such cases, so that we may bear them in mind, study them up, and be prepared to use the most efficient means at our command.

TREATMENT OF OVARIAL CYSTS BY ELECTRICITY.

[We give some further notes on Dr. v. Ehrenstein's treatment, mentioned last week.—Ed. Reporter.]

Dr. v. Ehrenstein, says: "Let ovariotomy receive the highest honor and acknowledgment which its great successes both deserve and obtain; still, the most celebrated ovariotomist dare not deny to himself that it was, and remains, the bitterest therapeutical necessity alone which forced the knife into the physician's hand, to venture with it a possibly fatal vivisection upon the innocent object of treatment. Already, from this point of view, we are justified in seeking for another method of treatment, which will cure, or at least convert this baneful disease into a permanently innocent affection. As such a remedy, I have for five years learned to know the electric current.

"Not until the full importance of this fact, which I regard more as an invention than an accidental discovery, is admitted by my colleagues, can the origin of my method of cure command interest. In this place it is only desired to attract attention to the following words in italics, if possible, in the most distant and private circles, where many a trembling

sufferer seeks concealment from the ovariotomist's knife with only too just a dread:—*That from this time forth a remedy exists in electro-therapeutics for hydrops ovarii, which—for the sake of its extraordinarily painless and safe character, combined with a high probability of complete cure, and the almost certain prospect of at least the greatest possible amelioration of the symptoms, as well as a diminution of the danger to life which pertains to the sufferings—may under all circumstances claim to be applied first, ere we puncture, and even cast dice for life and death with ovariotomy.* For five years I have remained silent, in order that the invention, which has become dear to me, might not in these days of universal destruction meet with an untimely end through unpropitious extraneous influences. But during this time I have cured the greater portion of hundreds of cases, and always at least caused improvement. Every day finds me uninjured by the groundless prejudices which have been operating against me, whilst more cases of ovarial cyst come to me for electrical treatment. These facts should cause impartial colleagues to omit expectant treatment, puncture, or ovariotomy, until they have tried electro-therapeutics, which will, as a rule, render resort to the other methods unnecessary.

"Envy and malice arose in certain Dresden circles, and stories were circulated that I drove glowing needles into the abdomen of my patients, cicatrices from which were said to have been seen; these are inventions, and expose the sad ignorance of those who have allowed themselves to be gulled into spreading the falsehoods on the subject of electro-therapeutics. Even then I could prefer to remain silent, and treat the numerous ovarial cysts which better informed Dresdeners, as well as other German and foreign colleagues, sent to me. But when I now hear of unfortunate cases which are said to have occurred in the practice of foreign physicians, because they did not correctly understand and properly apply my method, and when a physician in Mexico, whom I do not know at all, and who obtained a few hints about my method from a former patient of mine, on the strength of which he has treated a small number of cases in Puebla, says peremptorily, in the *Wiener Med. Presse*, "No more ovariotomy!" then the fate from which I hoped to shield my method by silence threatens to overtake it, and I am in duty bound to publish the history of my cases as fully as the circumstance requires. This will be done very soon."

In the same periodical, on May 10th, Dr. T. Clemens, of Frankfort-on-the-Main, claims priority in the application of electricity for the treatment of ovarial tumors, and quotes from his article in the *Deutsche Klinik*, of July 2d, 1859, to prove his position. To this Dr. v. Ehrenstein replies, in the issue of May 17th, that their methods differ entirely; that the former does not appear to have met with sufficient success to cause an extensive adoption of his method, else why is ovariotomy, seventeen years after he began to teach its application, in fuller bloom than ever before? Dr. v. E. leaves the decision between the merits of the two methods to science and experience.

Both gentlemen appear to be indignant that Dr. Semeleder should have published his cases treated in Mexico before they had made their own claims sufficiently prominent; and Dr. v. Ehrenstein thinks Dr. S. should have left the fiat, "No more ovariotomy!" for the electro-therapeutists to issue after further experience and study. He is not yet prepared to go so far as to speak those words, but has great hopes that this consummation will soon be reached. He admits that Dr. Semeleder only claims to have treated cases after a method described to him by a patient who had been treated in Germany, and Dr. v. E. states that she was treated at his institution first, and then sought a Dr. Fieber in Vienna, who continued the same mode of treatment, or one very similar; and the claim of Dr. S. to priority in the application of the method in the New World is not disputed by our author.

After all, Dr. Semeleder appears to have done more toward bringing the matter into publicity than any one else.

Medical Societies.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association, which held its annual meeting in Boston last week, was not largely attended. It accomplished, however, an amount of good and useful work entirely disproportionate to its numerical strength. Its labor was more thoroughly systematized than at previous meetings, and the discussions were decidedly more interesting than those evolved from the papers read at the Baltimore session of 1875. Boston should be, from its professions, the very choicest place for the gathering of men devoted to the interests of public health, but the Association has to thank itself for the amount of practical work it effected in Boston, independent of Boston official recognition, although it received valuable assistance in papers presented by individual sanitarians of that city and its vicinity.

The following division of subjects was made by the Executive Committee, under which all

discourses, papers, and discussions were embraced:—1. Legislation and the application of law for public health purposes. 2. Dangerous employments and harmful processes. 3. Topographical and sanitary surveys, and other systematic works for public health purposes. These formed a very comprehensive field, in which many valuable papers were offered by sanitarians from different parts of the country. The officers for the year were the following:—

President—Edwin M. Snow, M. D., Providence, R I.

First Vice-President—John H. Rauch, M. D., Chicago, Ill.

Second Vice-President—Francis A. Walker, LL.D., New Haven, Ct.

Treasurer—J. Foster Jenkins, M. D., Yonkers, N. Y.

Secretary—Elisha Harris, M. D., New York.

The Association met on Tuesday, October 3d, and adjourned on Friday, the 6th, occupying not only each morning and afternoon in its deliberations, but several evenings also. Few gatherings of this or any other kind confine themselves so closely and conscientiously to the objects for which they convene, in total disregard of all social and convivial claims upon them.

The proceedings of the first day included an address of welcome by Professor William Ripley Nichols, Chairman of the Committee of Arrangements, and the opening address of the President, Dr. Snow, congratulating the friends of sanitary science on the progress made during the few years past.

Hon. Henry G. Crowell, of Boston, read a paper on "Sanitary Regulations relating to Abattoirs," reviewing the history of the legal attempt to abate the evil connected with the slaughtering of animals, from the earliest period, and urging the advantage of concentration in one locality, where suitable buildings and appliances are prepared for the purpose.

Dr. E. H. Janes, Assistant Sanitary Superintendent of New York, read a paper on the same subject, in its application to that city, giving a statement of the location and work of the abattoirs and smaller slaughtering houses.

The number of beef cattle annually slaughtered in New York was given as 363,550, besides 750 that were weekly killed by one concern for exportation. There were also 1,155,000 small cattle, such as sheep, etc., and 1,200,000 hogs, slaughtered annually. though there had been considerable falling off during the hard times. The abattoir on West Thirty-fourth street was described, with its facilities for rendering offal and refuse, and forcing offensive gases through a sewer into the river. The advantages of this water sewerage were especially emphasized, the board of health making daily inspections. The gases were conveyed eight feet below the surface of the river, when they became absorbed and deodorized. The fifty-two separate slaughter houses would eventually be abolished, and the business concentrated in the abattoir on Fortieth street, near the river. After considering the benefits afforded to agriculture and general business prosperity by converting refuse matter into a fertilizer, instead of allowing it to putrefy and breed disease, he offered the following resolution, which was adopted:—

Resolved, That concentration of the slaughtering business in large abattoirs, located at the water side, and remote from business centres and human dwellings, provided with facilities for utilizing all portions of the animal without delay, is regarded as essential for the protection of public health, and as conducive to individual economy.

The Association then adjourned until Wednesday morning, when papers were read by Hon. Emory Washburn, on "Expert Testimony," and by Prof. H. P. Bowditch, of Harvard, on behalf of Prof. Wolcott Gibbs, on the same subject. In the course of their remarks, and of the discussion, in which Prof. Horsford and Prof. Ordronnaux took part, allusion was made to the distortion and suppression of facts and the prostitution of science by hired experts, so-called; to the necessity of having experts called by the court and rest of the parties to the suit, etc.; and on motion a committee was appointed to examine into the methods of obtaining this testimony which prevail in Continental Europe. Dr. L. H. Steiner, of Maryland, then read a valuable paper on "Expert Supervision of the Construction and Internal Arrangement of Public Institutions," to prevent injury to the health of the inmates.

In the afternoon, the members of the Association visited the abattoir at Brighton, about five miles from Boston, and carefully inspected its very satisfactory and complete arrangements. In the evening, after an introductory address by Rev. E. E. Hale, touching upon preventable diseases and the terrible infant mortality of our large cities, Professor Austin Flint read an instructive paper on "Food in its Relation to Personal and Public Health," in which he referred to the regulation of alimentation by instinct and individual experience, rather than by fixed laws; to popular errors in regard to diet, such as devotion to special classes of food to the exclusion of all others, etc. Prof. J. D. Runkle, of Boston, then read a paper on "Recent Improvements in the Health of Students," showing that debility, etc., at one time attributed to over-study, were really caused by irregular eating and insufficient food.

On Thursday, the following officers were elected for 1876–77:—

President, Dr. John H. Rauch, Chicago; First Vice-President, Dr. L. H. Steiner, Maryland; Second Vice-President, Dr. E. M. Hunt, New Jersey; Treasurer, Dr. J. Foster Jenkins, New York; Secretary, Dr. Elisha Harris, New York; Executive Committee, Dr. John M. Woodworth, Surgeon-General Marine Hospital; Dr. John S. Billings, U. S. A.; Dr. Jackson S. Schultz, New York; Dr. A. L. Gihon, U. S. N., and Dr. Charles F. Folsom, Boston.

Prof. E. S. Wood, of Harvard, read a paper

on "Illuminating Gas in its Relation to Health," taking exception to the use of water-gas, as being devoid of odor, and giving no warning of its noxious effects. Dr. Garvin, of Lonsdale, R. I., read a paper on the "Injurious Effects of Cotton Factories on the Health of the Operatives," showing the prevalence of chronic diseases, such as anæmia, dyspepsia and phthisis, and offered the following resolution, which, after discussion, was adopted:—

"That the due protection and welfare of factory operatives require: First, half-day schooling for children under sixteen years of age; second, uniform hours of labor, not exceeding sixty per week; third, frequent inspection of the mills and tenement dwellings of factory villages, and of the milk sold to the inhabitants, by an authorized public health officer."

Mr. S. Herbert Shedd, of Providence, R. I., read a paper on "Water Supplies for Large Institutions and Small Communities," urging that rivers should be kept pure rather than abandoned, as they were the best sources of supply.

Dr. Albert L. Gihon, Medical Inspector U. S. Navy, then read a paper on "The Need of Sanitary Reform in Ship Life," in which he dwelt on the backwardness of this reform on shipboard, resulting from popular ignorance, neglect of officials, or indifference of owners. Consumption and rheumatism still prevail, though scurvy and dysentery have been banished. Foul air, dampness and overcrowding were the exciting causes.

At the evening session, Dr. Henry T. Bowditch presided, and after some interesting remarks on sanitary matters, introduced Mr. Henley, Inspector Local Government Sanitary Board of London, who gave facts in regard to the workings of that board since 1871. Charlton T. Lewis, of New York, then read a paper on "Ancient and Modern Hygiene Contrasted," offering a number of reasons for the greater longevity of the present day, the duration of life being the best indication of human progress and civilization. Dr. J. S. Billings, U. S. Army, then read a paper on "The Rights, Duties and Privileges of the Community in Relation to those of the Individual in regard to the Public Health," taking the ground that the public had the right to compel the individual to observe sanitary laws without being compensated for the intrusion on his personal liberty.

On Friday, Dr. John Morris, of Baltimore, read a paper on "Scarlatina," as it prevailed in that city and elsewhere in Maryland, showing that the virulence of the disease was greatest along streams of stagnant and almost putrid water. Dr. C. B. White, of New Orleans, through Dr. Harris, Secretary, offered a paper on "Disinfection in Yellow Fever, as practiced in New Orleans in the years 1870 to 1876," arguing that the only certain method was by reaching a surface somewhat beyond the probable reach of the fever. James T. Gardner, C. E., then read a paper on "Topographical Surveys and Maps in their Relation to Public Health," which was discussed by Prof. Pickering, Drs. T. Sterry Hunt, A. N. Bell, Prof. Runkle, Dr. Billings, and Profs. Whitney and Brewder. Col. G. E. Waring, presented a paper on the "Sanitary Condition of Country Houses and Grounds." Dr. Elisha Harris then offered the following resolution, which was adopted:—

Resolved, That it is the opinion of the American Public Health Association, that in every State, especially the more populous ones, a thoroughly accurate topographical survey is so essentially necessary as a basis of sanitary surveys and systematic drainage, and also the most desirable hygienic researches and works for prevention of disease, that the execution of such State surveys should be undertaken by the States as a duty to the life and welfare of the people.

Dr. Ezra M. Hunt, of New Jersey, read a paper on the "Sanitary Appointments of Dwelling Houses;" quite a number of valuable papers and reports were read by title, and referred to the Committee of Publication; a resolution was adopted declaring that the prevalence of yellow fever in Southern towns indicated need of better municipal means of prevention; and the Association adjourned, to meet in Chicago on the third Tuesday of September, next year.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, September, 27th, 1876. Dr. C. K. Briddon, President, in the chair.

Rupture of Uterus.

Dr. George T. Shrady presented a specimen of rupture of the uterus, in behalf of a candidate, and read the following history:—

A woman, aged thirty-five, on September 7th, at six o'clock in the evening, was attacked with syncope, at which time she was first seen. Soon after, consciousness returned, and the following facts were elicited:—She stated that she was the mother of three living children; that, six weeks before, she had been taken with uterine hemorrhage, which was arrested by her taking ergot, but it had subsequently returned at intervals. A vaginal examination showed that the uteri was dilated about an inch and a half. The membranes were not ruptured and the head was presenting. The uterine contractions were weak, and apparently localized to the left of the umbilicus. The countenance was pale and the pulse feeble. There was fluid in the peritoneum six hours after she was first seen. She was attacked with vomiting. After one of the paroxysms she complained of a burning sensation; this was accompanied by movements in the abdominal cavity. She then sank into a state of collapse, and died three hours after the occurrence of the vomiting.

Autopsy.—The abdominal cavity was found to contain a large quantity of dark-colored serum, and the bag of waters containing the fœtus. The uterus was ruptured, the laceration extending from a point near the left

cornu, along the left and posterior part of the fundus, as low down as the cervix. The edges of the wound were irregular, and were apparently thinner than other portions of the uterine walls. Utero-gestation had progressed seven and a half months.

Two Cases of Exsection of Knee-joint.

Dr. Erskine Mason presented specimens of the knee-joint which he had exsected. The history of the first case was as follows:—

A woman, aged nineteen, and married, was admitted to Roosevelt Hospital on April 10th, 1876. She stated that at the age of seven she had been taken ill, and this illness had lasted for a period of ten months. After recovery her knee had remained stiff, which, however, did not incapacitate her from walking. She had received an injury of the affected joint two months before her admission to the hospital, which had caused her intense suffering. After the reception of the injury she was obliged to use crutches. On admission, she was found to be in the second month of pregnancy. The affected limb was atrophied, and the tibia subluxated backward and outward. On April 14th exsection was performed by Dr. Mason. An oval incision was made anteriorly, thus exposing the joint. The bones forming the joint were the seat of dry caries. After removal of the diseased portion of the bones, the extremities were brought in apposition by means of a silver-plated copper wire, which was followed by the application of a plaster-of-paris splint. The wires were removed six weeks after the operation. On July 3d the patient was first allowed to walk without the use of the splint. Dr. Mason said that this was the second case reported in which the operation had been performed during the period of utero-gestation.

The history of Dr. Mason's second case of exsection was as follows:—

A woman, aged twenty-two, had suffered from chronic synovitis for nine months. Exsection was performed in a similar manner as in the preceding case, on February 16th. The patient could walk by the aid of crutches on April 18th, and on the 28th was discharged from the hospital. Shortening of the limb existed to the extent of one and one-fourth inches when she left the hospital.

Lipoma.

Dr. Frankel presented a fatty tumor, which he had excised from a child two and a half years old. It was situated in the outer third of the infra-clavicular region, beneath the pectoralis major muscle. The tumor was about the size of a lemon when the child was four months of age, and was one-third larger when removed.

Excision of Wrist.

The President related the history of a case in which he had operated for disease of the carpal bones. Four months after the operation (at the time of report) the patient could pronate, supinate, flex and extend the hand. There was only slight deformity and shortening to the extent of one and a fourth inches. The patient's handwriting was exhibited, thereby showing his ability in holding the pen. A plaster cast of the limb was exhibited to the members of the Society.

Carcinoma of Mammary Gland.

Dr. Heitzman exhibited specimens of the microscopic appearances of carcinoma of the breast, and of the skin taken from the parotid region. He stated that Dr. A. W. Hober, of this city, had studied the subject in his (Dr. H.'s) laboratory, the results of his labors having been published. According to Virchow, epithelial elements which were characteristic of cancer were formed by the development of such elements from connective tissue cells. Thiersch, Waldeyer, and others, whose investigations are more recent, believed that the epithelial cells originated from former epithelium. Dr. Heitzman showed that in the embryo the first formed elements were all similar in appearance, and that the development into the different peculiar tissues occurred later from these indifferent elements, such as takes place in inflammation. This occurred in the development of tumors, in which an indifferent tissue was first noticed, and from which different forms of connective and epithelial tissues were afterward produced. It was after observed that in tumors of a cancerous nature alveoli were found closed in all around with connective tissue and filled with epithelial cells; however, no connection was found to exist between the glandular epithelium and these newly-formed cells. The accumulation of cancerous elements could not be explained by the theory of immigration, as epithelium perfectly formed does not migrate; indifferent corpuscles alone have the property of migrating. Cancerous groups of epithelial elements may be seen separated from each other by fibres of elastic tissue; this was found to exist normally only in connective tissue. The truth of this view was strikingly proved, according to Dr. Heitzman, viz.: that the former connective tissue became changed into cancerous tissue, and that Virchow's proposition was true only to a certain extent. In addition, it became necessary to say that not the connective tissue cells only, but the whole amount of living substance within the basis substance, were capable of production, and under certain circumstances cancer elements could be the result of this production.

Anchylosis of Elbow-joint—Excision.

The President presented specimens, with the following history:—

A woman, aged twenty-six, was admitted to the hospital on August 26th, 1876. She stated that about eighteen months ago she was attacked with severe pain in the elbow-joint, which was followed by an abscess. The patient had been unable to move the joint for the past year. On admission, the elbow was found to be

tumefied and flexed, not quite at a right angle, and the joint was anchylosed, this being fibrous in character. An incision was made along the posterior aspect of the arm; the lower extremity of the humerus and the ulna, as far down as the condyloid process, and part of the radius, were removed. Dr. Satterthwaite said that the patient had been under his observation for over two years at the Demilt Dispensary. A strong suspicion of her having syphilis was entertained at the time. A tumor had first made its appearance near the joint, which had later become the seat of disease. A sinus leading to carious bone was next found, after which a portion of the diseased condyle was removed. At the time of the operation no anchylosis existed.

Dr. Mason thought that dead bone could not always be detected by the use of the probe, as newly-formed connective tissue was liable to cover it.

Escape of Intestinal Worms through Sinus at Sacro-Iliac Articulation.

Dr. Gibney related a case where a sinus existed at the sacro-iliac junction, and through which intestinal worms and fecal matter would escape.

NEW YORK ACADEMY OF MEDICINE.

Stated meeting, October 5th, 1876, Dr. S. S. Purple, President, in the chair.

"The Malady of Innutrition" was the title of a paper read by Dr. Bayliss. The prevailing poverty and destitution now existing make it a subject of vast importance, and especially the relation it bears to disease. Dr. Bayliss said that nourishment should be of a generous character, both as to quality and quantity. It fortified the system, and acted not only in the prevention and diminution of the ravages of disease, but was conducive to the people's vigor and longevity. He thought that, should the present crisis last, even for a short period, pauperism and mendicancy would become developed to that degree for which the Continent of Europe is noted. He advised that the immediate wants of starving people be relieved by the establishment of centres, where food would be supplied; that the support of charities of a culinary nature be encouraged, and that those who are able should be urged to meet the wants of those who come within their immediate circle.

Dr. G. M. Smith said that innutrition was a vice of the American people, and the result of a pernicious habit of always being pressed for time. This was of common occurrence throughout the land, and could not be attributed to the relative or absolute necessities of life.

Dr. Peaslee remarked that the coming generation would, he thought, be influenced by the prevailing poverty which exists at the present time.

Dr. Hanks said in the tenement houses he had noticed that bread and tea were commonly the favorite form of diet employed.

Dr. Leaming said that eighteen or twenty years ago an excitement had occurred about swill milk, which was thought to be the cause of the high death-rate among infants that existed at that time. The municipal authorities had consequently solicited the opinion of the Academy of Medicine on the subject. He further stated that the swill-milk stables were situated in the same district of the city as a dispensary with which he was connected, and he had noticed that the children who had died had not partaken of any kind of milk.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, September 25th, 1876. Dr. Thomas Addis Emmet, Vice-President, in the chair.

After nominating officers of the Society for the ensuing year, the paper of the evening was read by Dr. S. A Raborg, on "The Induction of Premature Labor in Contracted Pelvis, its Necessity and Safety in Cases ascertained prior to Full Term." The author first reviewed the indications for the induction of premature labor, and mentioned three cases of his own, in which it had been brought on by irrigation of the cervix. He then referred to the many methods which have been recommended for uterine and vaginal injections. Dr. Raborg proceeded to relate his own cases. The first one was that of a woman aged twenty-five, who had had several abortions and labors, in which craniotomy and version had been performed. The measurements of the pelvis were two and a half inches in the antero-posterior, transverse and oblique diameters. It was decided to bring on labor at the eighth month. An interrupted stream of warm water was thrown by means of Davidson's syringe on the posterior wall of the cervix uteri, and in the course of twenty-four hours pains occurred, and delivery was accomplished at the end of five days and a half. Pregnancy had again taken place, labor this time having been induced by means of a continuous current of water from an elevated reservoir. The woman was delivered in nine days and twenty-three hours. In the third case labor was accomplished in five days and eleven hours, after using the interrupted current of water. Dr. Raborg had found that the interrupted current was more satisfactory than the continuous current. Dr. T. G. Thomas' method of inducing premature labor was mentioned, viz.: by the introduction within the cervix of the nozzle of a Davidson syringe, and after compressing it (the cervix) the stream of water was directed against the membranes, thus partly detaching them. By this method labor had been completed within twenty-four hours.

Dr. Isaac E. Taylor had in his experience found that vaginal injections were not only unreliable, but in some cases he thought they retarded the labor. He used Barnes' dilators for that purpose.

Editorial Department.

Periscope.

Ergotin in Uterine Fibroids.

Dr. Lombe Atthill, of the Rotunda Hospital, Dublin, writes to the *British Medical Journal*:—

I, in common with all those who practiced the hypodermic injection of ergotin, as recommended by Hildebrandt, have found that this treatment, sooner or later, resulted in the formation of troublesome sores. I think it of some importance to say that, though this is perfectly correct with reference to the cases published by me, and quoted by Dr. Byford in his essay, it is not so with respect to my more recent ones. I have availed myself, since my appointment to the Mastership of this hospital, of the larger opportunity offered me here to carry out this treatment more extensively, and I give the following cases as examples of the results obtained. Case 1, of large intramural fibroid, in a widow, nulliparous, aged thirty-eight; prominent symptoms, distress from weight and size of tumor, menstruation increased but not excessive, returning at intervals of twenty-one days; with an intramenstrual discharge of blood, moderate in quantity, lasting for three days; thirty injections, practiced at intervals of two and three days. Result: total disappearance of the intra-menstrual discharge, slight prolongation of the intramenstrual period, hardening and apparently slight diminution of the bulk of tumor, no pain caused by injection or irritation following it. Case 2. Single woman, aged forty-five, rendered exsanguine by profuse menorrhagia, accompanied by excessive pain, and lasting fifteen days and upward, intramenstrual period of not more than from seven to ten days; of late, in fact, seldom free from a red discharge; large intramural fibroid, filling up pelvis, and reaching to within an inch of umbilicus. Upward of sixty injections of ergotin; admitted January 6th. Result: March 10th, flow diminished in quantity and lasting for six days, intramenstrual period prolonged to twenty-one days; April 1st, menstruation reappeared this day, lasted but two days; May 21st, menstruated to-day, flow lasted four days. Marked as the improvement was as regards the check put on the loss of blood, her condition in other respects was not satisfactory; her sufferings, always great, were aggravated, the injection being always followed by severe pain, referred to the tumor, necessitating the constant use of morphia; she seldom could leave her bed; and I finally abandoned the treatment, and am now endeavoring to enucleate the tumor. I hope, at a future time, to publish the case *in extenso*. At present, I wish merely to point out the fact that the injection of ergotin, in neither of the two cases I have detailed, was followed by the formation of sores; nor has it been in several others in which it has been recently practiced for a shorter time by me. The only explanation I can give of the greater success in my later cases is this, that whereas I formerly added a small quantity of glycerine to the solution of ergotin, as recommended by Hildebrandt, I now employ a solution of one part of the extractum ergotæ liquidum (*British Pharmacopœia*) in two of water, injecting 15 or 20 minims of this each time. I always insert the needle into the gluteus muscle, making it penetrate to the depth of more than an inch.

A New Treatment of Lupus.

In the treatment of this disease the plan introduced by Professor Volckmann is coming into favor.

Volckmann's plan consists of scraping away the absolutely rotten and friable portion of diseased skin (nodular lupus deposit) by means of a steel spoon with sharp edges, the patient being under chloroform, and then, when the wound has healed, of setting up traumatic inflammation of the circumjacent skin, affected with molecular lupus infiltration, by numerous punctures inflicted with the point of a somewhat narrow-bladed lancet, repeating the latter operation, under chloroform, at intervals of a fortnight. Mr. Squire, of the Hospital for Skin Diseases, London, employs a much smaller sharp-edged spoon than Volckmann's, namely, one of about one-quarter the size of Volckmann's, and also another spoon of about one-sixteenth the size of Volckmann's, for the purpose of enabling greater precision to be obtained in the draughtsmanship of the operation, and so greater conservation of the skin of the face (the commonest situation of lupus); and yet the small spoons are found by him to be sufficient for dealing in detail, even with an extensive area of the disease. Then Mr. Squire, in place of the puncturation of Volckmann—which is rather an uncertain operation as regards uniformity in the effect produced—prefers to scarify the skin with regular linear parallel incisions, spaced uniformly, about one-sixteenth of an inch apart. At each successive scarification he veers the direction of the parallel incisions, so that each succeeding set is oblique to the direction of the preceding set. The instrument used by Mr. Squire for this purpose is an ordinary cataract needle, the head of which is, however, about four times the usual minute size. Then, for insuring uniformity in the draughtsmanship of the incisions, Mr. Squire prefers to effect anæsthesia of the affected skin by freezing it, rather than by the administration of chloroform, since, if frozen,

the skin does not bleed when cut. In this manner the accurate and regular draughtsmanship of the incisions is not defeated by a flow of blood from the very first cut.

Case.—A girl, aged twenty-two. Duration of disease on admission to hospital, two years and nine months. The disease affects the whole of the lower third of the nose, including the alæ and the under surface of that feature, and extends upward into the nostrils for a short distance along the lining mucous membrane. The affected surface was covered with a thick greenish scab, which, on detachment, disclosed soft, pale, flabby, uneven granulations, discharging an ichorous pus. In this case, with a view to conservation of tissue, scarification alone has been employed, with, as yet, a most satisfactory result, the tissue having become firm, even, and non-discharging. Although it is still reddened, the sore has quite skinned over with a thin cicatrix, and no additional loss of tissue has eventuated.

(Reporter)

The Relations of Hysteria to Nymphomania.

This subject was discussed in a paper by Dr. T. W. Hime, of Sheffield, in the British Medical Association. He laid stress on the groundlessness of the widely spread opinion that erotism lies at the bottom of most cases of hysteria, and that marriage is the only remedial means wished for or required by the patients. In proof of this, Dr. Hime referred to hysteria in married women, with large families, and to the fact that hysteria may not only exist in the young girl before a trace of sexual feeling has been aroused, and in elderly women between sixty and eighty, but may be found in men. Further, the majority of cases of hysteria offer not the least disturbance in the sphere of the genital organs; and, in support of his own experience in the Sheffield Hospital for Women, he quoted, among others, Amman, who found, among 1040 patients of the poorer and richer classes, only 30 per cent. suffering from abnormalities of the genital organs. Further, of female patients in general suffering from diseases of the genital organs, a large proportion do not suffer from hysteria; and, in the more serious cases of disease, *e. g.*, carcinoma, etc., hysteria is an exception. He explained hysteria as a neurosis, but not of any limited area, being rather the result of a peculiar form of nervous constitution, which, under favorable conditions, would explode in hysterical manifestations. Anæmia, chlorosis, uterine and ovarian disease, and other commonly assumed causes, are really but the shock producing the explosion in the already prepared hysterical body. Such diseases may exist to any extent without a trace of hysteria, and most commonly do. As in the case of all neuroses, heredity plays a most important part in forming a constitution suitable for developing the disease, and not actually in transferring the disease; and the hysterical mother, through the fatal influence of her own example, is doubly liable to have hysterical children; for imitation is a fruitful source of hysteria, and not only the actual outbreaks in a mother are thus liable to affect the child, but her personal influence over the general management of her children is likely to produce the same unfortunate effect. The ordinary mode of education of girls was regarded by Dr. Hime as conducive to the same end, being unhealthy and artificial, and especially when combined with the utterly objectless life of the vast majority of women of the upper classes. Superficial and useless as the education usually is, it is but too generally, if any object at all be kept in view, guided with a matrimonial instinct; not, indeed, so as to make healthy and useful wives and mothers, but to make the pupils "attractive" (to use the conventional term) to the male sex.

Lactic Acid as a Hypnotic.

The London *Medical Record* states that at a meeting of the Berlin Medical Society, Dr. E. Mendel read a paper on this subject. Referring to the observations of Preyer and Lothar Meyer on the hypnotic properties of lactic acid, he said that its effects when administered by the mouth, either pure or in the form of lactate of soda, were uncertain, but he had found very good results from its use in enemata in a large number of cases. The dose of lactic acid was from five to twenty grammes (seventy-five to three hundred grains), mixed with an equal quantity of lactate of soda. The use of lactic acid was especially recommended: 1. In cases of insomnia in the course of or during convalescence from debilitating disease, after hemorrhages, etc.; 2. As a calmative in the excitement of the insane; 3. As a remedy in certain psychoses, in regard to which its precise indications must be determined in the future.

In commencing a discussion on Mendel's paper, Dr. Senator said that he had used lactic acid, either in divided doses, ten grammes (one hundred and fifty-five grains) being given in the course of a day, or in single doses of five to ten grammes in sugared water, or as lemonade. With the first-named mode of administration no weariness was observed. On the other hand, a large single dose produced pure weariness, although lactic acid could not be compared, as regarded strength and duration of action, with morphia or with chloral hydrate. There was, however, a troublesome after-effect, which had not been noticed by Mendel, nor by Lothar Meyer, the occurrence of rheumatic pains; these he had observed twice, once in a phthisical patient, the other time in a man who had frequent attacks of muscular rheumatism. Rheumatic pains had also been observed in giving lactic acid with other objects, such as the treatment of diabetes, etc. The occurrence of rheumatic pains after the use of lactic acid was of importance in regard to the theory of articular rheumatism, and he asked whether Mendel or Meyer had observed anything of the kind. Mendel answered in the negative. The

doses used by Senator were too small; at least fifteen grammes should be given. He agreed with Senator that lactic acid was inferior to morphia and chloral hydrate.

Treatment of Acute Albuminuria.

In the *Practitioner* for August, Dr. De Haviland Hall relates the experience he gained as Resident Medical Officer at a large dispensary during an epidemic of scarlet fever (about three hundred cases), in which dropsy was a frequent sequel.

At first the patient was ordered the perchloride of iron, and was allowed no solid food except a little bread and milk, and as much water as he liked to drink. The skin was also kept gently acting. If, however, the urine was nearly or altogether suppressed, or if uræmic symptoms appeared, all food was forbidden for two days, the child had nothing but water and a drink of cream of tartar (℥j ad. Oj), in sweetened water, with a little lemon juice. If at the end of this time the kidneys began to act, a little milk was allowed, but not more than a pint in the twenty-four hours; if, however, the uræmia continued, with little or no urinary secretion, the water and cream of tartar were persevered in, and in severe cases nothing else was given for thirty-six hours. Dry cupping, mustard poultices over the loins and a purgative were the only additional remedies ever employed. "The explanation of the good effects of abstention from solid food, and especially meat, is, that a patient is entirely deprived of nitrogenous food, the work of the kidney is less, and the urine is rendered less irritating, while the mild diuretic action of the cream of tartar seems to be useful." Dr. Hall also observes that Mr. Churton has reported some cases of puerperal convulsions which were treated by keeping the patient almost entirely deprived of food (?).

Dr. Hall sums up his treatment of acute Bright's disease in the following words:—1. Milk and water, with arrowroot; no solid food. 2. Mild diuretics, with a free supply of water. 3. The skin kept just moist. 4. A daily evacuation of the bowels.

Carbolic Acid in Diabetes.

Quoting from the *Medicinische Wochenschrift*, the London *Medical Record* states that Dr. Fischer, of Breslau, asserts that in Germany the number of diabetic patients is very much on the increase. This fact he attributes to the mental excitement due to extreme and sudden political changes, and to rapid alternations in social position. The author holds, with Seegen, that diabetes is an affection of the nerves, commencing in nerve lesion, and terminating in physical disturbance. He has also been struck with the frequent association of diabetes with cardiac disease, particularly with that form in which the muscular tissue of the heart is affected, together with the valvular apparatus. It often occurs that surgical affections, such, for instance, as tumors, necrosis, and caries of bone, etc., met with in diabetic patients, are of such a nature as to render surgical operation necessary or desirable. The use of the knife, however, in such cases is very dangerous, as, according to general surgical experience, the smallest wound in a diabetic patient is usually followed by severe, extensive, and frequently fatal gangrenous inflammation of the subcutaneous cellular tissue. Such inflammation, indeed, is often developed without traumatic cause in the subjects of advanced or overlooked diabetes. When an operation is urgently demanded, as in case of rapid growth and breaking down of a tumor, it becomes the duty of the surgeon to apply, if possible, some treatment that may improve the condition of his patient, and favor the chances of a successful result from his operation. The author, with this object in view, has lately carried out the carbolic acid treatment recommended by Ebstein and Müller; and he reports that, if this agent be administered internally in small and frequently repeated doses, it will in a short time cause a considerable reduction in the amount of sugar in the urine, and permit the surgeon to perform his operation with the ordinary chances of success. The use of carbolic acid should, it is stated, be kept up during the after-treatment, and not be discontinued until the wound formed in the operation be quite closed.

Ozone an Active Poison.

The *Scientific American* says that the eminent French chemist, P. Thénard writes as follows in regard to the effect of ozone, or active oxygen, on the animal system. "I believe," says he, "that it is high time that the attention of the public, and even of the learned, was directed to the widely spread errors in regard to the action of ozone on the system. Far from being a remedy, it is rather one of the most energetic poisons that has been prepared in our laboratories, and the serious accidents which have occurred in my own leave no doubt of it. I will not enlarge on its physiological action, since A. Thénard will soon publish an article on that subject; but will only give prominence to the fact that, under the influence of ozone, even when greatly diluted, the blood corpuscles rapidly contract and change their form, the pulse becomes slower, so much so that a guinea pig with a normal pulse of 148, after being kept fifteen minutes in a weak ozone atmosphere, had the pulse reduced to one-thirtieth. At the present time, when an accurate method of measuring temperature is of great assistance in medicine, ozone may possibly prove a means of preventing too great a rise of temperature; but inconsiderately to disseminate ozone in inhabited places, in the delusive hope of destroying a miasma, would be very dangerous. If our strongest poisons furnish in certain cases our best remedies, we must first learn how to use them, so as not to make a mistake in the time of giving or in the dose.

Then, is it certain that ozone does exist in the atmosphere? Its presence there is proven by means of colored paper, the color of which changes more or less in contact with the air. But who knows that there is not some other substance present in atmospheric air, which can modify this paper in the same manner as ozone? Wittmann passed a stream of air through the flame of a glass-blower's lamp, and obtained a kind of air which acted upon the so-called ozonometric paper (starch and iodide of potassium) just as ozone does; but while this air disinfected badly smelling water without making it acid, ozone does not disinfect, and does make it acid. Moreover, it is well known that ozone cannot exist at a temperature of 392° F. (200° C.), while this modified air of Wittmann's was exposed to a temperature at which glass softens."

Congenital Absence of the Patella.

Translated from the German, by John B. Roberts, M. D., of Philadelphia.

Dr. W. Körte reports two cases of this deformity that were presented at the Strasburg clinic. The first was a girl, two and a half years old, who could neither stand nor walk, on account of the malformation of the lower extremities. The limbs were flexed at the hips, and could be pushed upward upon the trunk until the feet lay upon the neck; the femurs were movable in the acetabula, and could be tolerably well rotated, but extension of the hip-joints was impeded. The thigh muscles, except the adductors, were relaxed; these were contracted. The left leg was rotated inward, the right outward. Slight passive motion of both knees was permitted, but voluntary movement was almost impossible. The condyles were completely developed, but the inter-condyloid fossa was empty; and, though the tendon of the four-headed extensor could be felt sliding in the groove, no mass like the patella could be found. The tendines Achillis were contracted, and the muscles of the leg atrophied. The upper extremities were poorly developed, and the forearms and hands were strongly pronated. The hands and fingers, being flexed, were almost useless. Electricity, orthopædic exercises, and tenotomy of the tendons of Achilles were employed without much benefit being derived.

The second case was a child who entered the clinic for congenital contraction of both knee-joints. The knees were drawn up toward the abdomen, and were strongly flexed. The feet were extended; in one there was moderate supination, and they were laid one over the other. The child held the limbs in the position described, and sometimes moved them a little outward, the slight movement being performed in the hip-joint. The flexion at the hip could be overcome by force to some extent, but considerable resistance was soon offered to further attempts at motion. The knee-joints could likewise be moved a little out of their condition of flexion, but the hamstring tendons soon became tense. It was not possible to flex the feet on the legs. The muscles of the thigh were poorly developed, but the quadriceps extensor especially so. In the inter-condyloid notch the tendon could be felt, but there was no patella, either in the fossa or upon either condyle. The upper portion of the child was normally developed. Under daily baths, orthopædic exercises to overcome the deformities, electricity, and tenotomy of the tendons of Achilles, aided by plaster dressings, there was produced essential improvement in the course of about four months. The thighs and legs could be extended to an obtuse angle, muscular contractility was increased, and the child could make voluntary movements of the limbs. Instruction was accordingly given the mother to continue the orthopædic exercises, and the patient was discharged. Dr. Körte has been able to find recorded only five similar cases of absent patella.—*Deutsche Zeitschrift für Chirurgie, Bd.* vii, 69, *Leipsig*, 1876.

On Rheumatic Gout.

In the last edition of his work on gout, Dr. A. B. Garrod reviews this disease, which he says is not a hybrid:—

Rheumatic gout is not a blend of gout and rheumatism, but something distinct and *sui generis*. It is closely associated with debility, and its treatment must ever be restorative. It may be very localized, or it may involve the articulations generally. Its morbid anatomy was carefully studied by the late Dr. R. Adams, of Dublin, whose descriptions admit of no improvement. It is not so associated with heredity, age, or sex, as gout, and is common in women. It is not confined to those who take alcohol. It is found along with skin affections not uncommonly. "It is a much easier task to prove what rheumatized arthritis is not, than to prove what it is. It appears to be a peculiar form of mal-nutrition of the tissues of joints, accompanied with defective powers." The treatment closely resembles that of atonic gout, both generally and locally. Guaiac, arsenic, iodine, iron, and cod-liver oil are all of value. Mineral waters and baths are often useful, but baths may be taken to excess and so do harm. The diet should be nutritive, and stimulants, even malt liquors, are not contra-indicated entirely. The diagnosis is given elaborately. The work concludes with the sentence, "Some time ago I was inclined to take a very desponding view of the amenability of this disease to treatment, but year by year I have become more hopeful, and I have frequently seen patients who I feel sure if they had submitted themselves to a rational course of steady restorative treatment, instead of being led by the solicitations of injudicious friends and empiricizing advisers to give themselves up to every form of quackery, would have been restored to health instead of becoming, as many of them unfortunately do, miserable and incurable cripples."

THE

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THE RELATION OF THE MEDICAL PROFESSION TO SOCIETY.

In contemplating the numbers, the education, the social position and the direction of the labors of the medical profession, every thoughtful mind must become impressed with the enormous influence it is destined to exert in the future of the race. Its peculiar study is *Man*, and he has no relation to his fellows, to his environment, or to history, which it does not became imperative upon the physician to study, and this with a view to alter and direct the future.

For example, we have more than once called attention to that "*natural* history of crime" which has been so ably outlined by Professor Austin Flint, and pursued by Dr. Moritz Benedikt within the last year and a half; or we can refer to those studies in heredity and atavism which invest genealogy with a new and broad significance, and supply entirely new norms for the estimate of human motives; or to the late researches in archebiosis and the differentiation of species which, united with the study of mental pathology, have already reversed the whole procedure of metaphysical reasoning and supplied a different basis for ethics.

Though probably disease has not been diminished, nor yet will be in any material degree, *tolerance of disease* has been vastly increased, and the average duration of life has been very considerably prolonged. The sociological results of this will prove most momentous. "Time and I," said Philip the Second, "against any other two," and it is certain that in modern society a long life properly employed insures wealth and power toward its close. With the general increase in the duration of life, with the growing "betterment of risks," to use a life-insurance expression, it will become more and more rare for young men to inherit fortunes or gain positions of power, for their fathers and uncles will continue in life. Hence, the social forces will more and more come under the control of age and experience. Fortunes will be more rarely squandered, dissipation will be proportionately lessened, rash youth will more rarely hold the helm.

To be sure, this is not an agreeable prospect to those who believe that the moral and intellectual faculties commence their decay in middle life. But these may find some comfort in the undoubted fact that intellectual culture materially aids in securing long life, and that the most intelligent, those who exercise constantly and wisely their brain power, have the best chance to outlive the others, and thus get control of the social tendencies. Dr. William B. Neftel, in a paper on Melancholia, published last year, makes the following pregnant remark: "That idiots do not live long is an established fact; but it is, perhaps, less known that even the physically strongest persons, the athletes, if not intellectually developed, seldom, if ever, reach an advanced age, and that the oldest persons in any country are generally also the most intelligent."

With the growing recognition of the value of life comes the desire to defend and prolong it; and hence the profession which makes this study its avowed object must become more highly cherished as time passes. This was well put by Mr. GLADSTONE in an address he delivered this summer at the Medical College of the London Hospital. He observed, looking to the future, that in proportion as man's enjoyment increases, so will his sufferings, and the necessity for help to relieve those sufferings. It was thirty years since he delivered an address at the Middlesex Hospital, and at that time he was impressed with the altering structure of society, the constant development that it seemed to undergo, and the effect of all this upon the physical and material, as well as upon the mental life. Even then he ventured to say that the importance of the medical profession, which at that time had grown so largely, would still grow in increasing proportion. Looking back across the intervening years, he could say that his anticipations had been fully realized. The public began to comprehend that the medical profession laid no claim to what he might call cabalistic methods —that was to say, it did not depend upon formulæ, but relied upon experience, endeavored to track the truth, and followed the laws of common sense. That profession presented a future of the highest interest. 'And he believed it would, most probably, in that future gain increased influence, in greater proportion than other professions would. The legal profession, for example, possessed now no larger social influence than they enjoyed fifty or one hundred years ago. But with the medical profession, as pointed out above, the development of disease and the physical habits of life tended to widen its sphere and increase its influence.

This is sound reasoning, and it comes in this instance based on personal observation of society in one of its most cultivated centres.

NOTES AND COMMENTS.

Therapeutical Notes.

FORMULÆ FOR SKIN DISEASES.

The following are some of the formulæ at present in use in several of the London hospitals for diseases of the skin :—

For Acne.

℞. Glycerinæ, ℥j
Aquæ calcis, Oj. M.

For Pediculi.

℞. Slaked lime,
Sulphur, āā ℥iv
Water, ℥xxxv.

Boil and evaporate to a pint.

For Alopecia.

℞. Liq. ammon. fort.,
Spir. vini, rectif., āā ℥j
Tinct. cantharid.,
Glycerinæ, āā ℥ss
Aquæ, ad. Oj.

Use as a liniment.

For Palmar Psoriasis.

℞. Ung. hydrarg., ℥j
Creasoti, ♏vj. M.

For Eczema.

℞. Plumbi acetatis,
Hydrarg. chlor. mitis, āā gr.x.
Zinci oxidi,
Ung. hydrarg. nitratis, āā ℈j
Adipis,
Olei palm., āā ℥ss. M.

Make an ointment. A tar lotion is also used.

For Tricophyton.

M. Lespian (*La France Médicale*) advocates the use of a combination of 15 grains of tannin, 2½ drachms of tincture of iodine, and 5 drachms of glycerine, as a local application in this disease, the crusts being first softened by wads of cotton wadding or charpie soaked in olive oil in glycerine. If the disease is not very extensive, a cure is effected in a few days.

Napheys' Modern Therapeutics.

We take pleasure in announcing that the fourth edition of this valuable work will be ready early in November. It has been entirely rewritten and enlarged, embracing *surgical* as well as *medical* therapeutics. In size, it has grown to a large octavo of more than six hundred pages. The practice of more than three hundred of the most eminent living physicians and surgeons is represented in its pages, not

only by definite therapeutical directions, but by the precise formulæ they employ, numbering near 2000 in all. Many of these prescriptions have never before been published, the author having obtained them in the hospitals of this and other countries, and through personal relations with representative professional men.

As in previous editions, the arrangement is the nosological one. Under each disease the reader will find the treatment for it recommended by from two to ten of the most eminent clinical teachers of the day; and following that a *résumé* of the remedies which have received the highest encomiums for their efficacy. The latter is a new feature of great interest.

The price of the work, handsomely bound in cloth, is *four dollars*, for which it will be sent post-paid to any address by the editor of this journal. A copy of it is also offered *as a premium* (mailed post-paid) to any subscriber to this journal who will send us a renewal of his own subscription along with *two new subscriptions* (the remittance to be $15.00). Agents who would present it prominently to the profession can have it on favorable terms.

The Brains of the Insane.

A noteworthy observation has been recorded by Dr. L. Meyer in the *Archiv für Psychologie*. He studied the internal carotid in the brains of insane persons, believing that long-continued and intense disturbance of its peripheral circulatory channels—the convolutions of the cerebrum—must react on the condition of the trunk of the vessel itself. In all cases which the author investigated, he found the changes above referred to. In the thirty-one observations given, disease of a local sharply-defined area of the internal carotid was observed. The disease extended from the origin of the vessel, almost always surrounding it in a circular form, extending for eight millimètres to almost one centimètre upward, and ending there suddenly and sharply defined. Upward these limits were never surpassed, but sometimes the lesion extended lower, passing even into the common carotid. The changes consisted in arteriosclerosis, generally in its later degenerative stages, mostly in the form of circular calcification. Further, and chiefly at the lower margin of the altered area, there was a change in the arterial wall, which on microscopic section was seen to be due to simple thinning of the tunica media, whilst the intima remained intact. Thus partial dilatations of the vessel were formed. Frequently, however, the whole diseased part was dilated, and in eight cases distinct aneurisms were found, which considerably exceeded in size the circumference of the common carotid.

Comfort for Diffident Speakers.

Prof. William Fuller, M. D., of Bishop's College, Montreal, says, in the *Canada Medical and Surgical Journal*:—A nervous person on attempting to act or speak is affected by a violent emotion which produces a spasm of the cerebral vessels, his heart beats violently, his face is pale, the index of the condition of his brain, and the words come forth slowly and with stammering, or he becomes confused and forgets entirely what he intended to say. It is not until symptoms of reaction set in, or, as the popular phrase has it, "until he gets warmed up," that fluency and ease is acquired. I have found a minute dose of morphia or a few whiffs of ether useful in this most embarrassing condition. Let me add the caution that too large a dose produces the opposite condition of the vessels, quite as fatal to a successful result.

The only objection is that reliance on this means may lead to a dangerous habit.

Hydrophobia.

F. Herrmann states, in the *St. Petersburg Medical Zeitschrift*, 1875, that from 1863 to 1874 there were bitten by dogs 2724 people in the city of St. Petersburg. Of the dogs, 198 were mad, and 103 were suspected of having rabies (?). Twenty-five out of the whole number of persons bitten became affected with hydrophobia: furnishing 12.6 per cent. among those bitten by undoubtedly rabid dogs, and 8.3 per cent. of such as were bitten by suspected dogs. In the Obuchoff Hospital 81 bitten persons were admitted during the same period; six of these (7.4 per cent.) became affected with hydrophobia, and sixteen more cases of hyssa, already developed, were received at this hospital, making twenty-two cases in the twelve years. The majority of the cases were due to the bite of dogs, but in three cases the poison came from dead wolves, and in two from rabid cats. In support of the view that the bite of human beings in this condition seldom communicates the disease, the author gives three examples observed by himself. The period of incubation in the majority of

cases amounted to five or six weeks; the maximum was 135 days.

As a rule, autopsies gave negative results; in solitary cases there was congestion of the brain, spinal cord and their membranes, also a circumscribed softening of those organs. Furthermore, glandular swellings were many times found in the breast, neck and throat, and, finally, in one case there was coagulated blood found in the sheath of the vagus, at its cervical portion.

In prophylactic treatment the knife was used successfully, as also energetic cauterization with the hot iron, or powerful caustic applications, among which caustic potassa and butter of antimony are recommended. No fully developed case was cured.

Among the well known methods of treatment which were applied without success may be mentioned phlebotomy, Russian vapor-baths, and the hypodermic injection of atropia and curare. Newer methods were also tried, partly with a temporarily palliative result; these were the subcutaneous injection of ammon. arsen. and of carbolic acid, also the injection into the veins of ammoniæ liquor (from the analogy to snake-bite). Continuous narcosis with chloroform, and the chloral hydrate enemata have best preserved their reputation as palliative remedies.

Diseases of Workers in Lead.

At the meeting of the British Medical Association, Mr. W. Holder, M. R. C. S., offered a paper on the effect of lead-inhalation and absorption amongst lead workers—more especially among the workers in white lead manufactories, in whom its deleterious results are seen in great intensity. The author mentioned cases, in one of which amaurosis and paralysis were the result of but a few months' labor in a lead-mill; in another deafness, decay of the teeth, paralysis of the arm, and a general breakdown of the whole system, resulted. He stigmatized this poisoning as perhaps the most baleful of all trade-diseases, as it was slow to kill, and its tortures were prolonged. The investigations of Barton, Fletcher, Andral, and others, were mentioned. The author considered that lead acted locally by absorption upon the tissues. The pathology of lead-poisoning was discussed. The yellow degeneration of the muscle was ascribed rather to disuse and general anæmia, than to the mixture of lead with the tissue. The treatment recommended, after the usual administration of diluted sulphuric acid, was extract of belladonna, with the Turkish bath, precipitated sulphur, and generous diet. Faradization should be persisted with for a long time. In chronic cases, iodide of potassium should be given in large doses. The author, whilst considering the remedies efficient and sufficient for acute cases, deplored the scanty opportunities of giving relief in the more advanced and chronic cases.

Salicylic Acid.

Professor H. Kohler, of Halle, states that all the remote therapeutic effects of this remedy may be obtained by administering its salt, the salicylate of soda. The latter is not an antiseptic, and where such is desired, the acid itself must be used. To prevent zymotic action in the blood it is of little or no use, as the acid enters the circulation only in the form of salicylate of soda, which latter has no anti-zymotic virtues. The salt is a most powerful febrifuge, and is by him regarded as even better than quinia in this respect. It will reduce the temperature in fevers with remarkable uniformity, and is very much more convenient to administer than the acid. In rheumatic fever it acts admirably, but is not so good an antiperiodic as quinia in malarial diseases.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XIV.

Medical Batteries in the United States Exhibit.

Centennial Exhibition, Oct. 14th, 1876.

Ed. Med. and Surg. Reporter:—

Electro-therapeutics is now attracting so largely the attention of the medical profession, that we seek with great interest to discover what our Centennial Fair has to offer in this department. The medico-electric display of the United States, to which I shall at present confine my remarks, is of superior quality, although not as extensive and varied as might be expected; many of the instruments on exhibition claiming novelty, being reproductions, with but slight modifications, of other apparatus.

Electric apparatus of all kinds are chiefly found on or near aisle N, and between columns 55 and 56.

Traveling from east to west, I came first upon the interesting display of Flemming

& Talbot, of 814 Filbert street, Philadelphia. The exhibit of this enterprising firm is contained in a pavilion, handsomely painted and draped, and surmounted by a small dome and figure of Atlas. Having had a large experience in the use of batteries manufactured by these exhibitors, I can heartily recommend their apparatus to the notice of the profession.

Attention is first attracted to a splendidly finished cabinet battery. It is made of carved and polished walnut, and has the general appearance of a handsome desk, surmounted by a glass case. On each side below is a closet, which incloses hinged drawers, in which are placed the battery cells. Above each closet is a drawer for electrodes and other appurtenances. The cells are connected with the various contrivances for utilizing, modifying, and altering the current, on the table above, by concealed wires. The apparatus of this table or keyboard is nickel-plated and very attractive, and includes appliances for both the Faradic, or interrupted, and the galvanic, or continuous current.

Flemming & Talbot have lately added an improvement to the Faradic portion of this table apparatus, which is found in the battery on exhibition. It consists of a new contrivance for moving back and forth the secondary helix Connected longitudinally with this helix or secondary coil is a toothed bar in which works a toothed wheel, which is attached to a vertical handle. By simply giving a slight turning movement to this handle with the finger and thumb, the coil can be slid in or out as may be desired.

The contrivance for producing slow and rapid interruptions will be described when I consider the separate Faradic battery of this firm.

They also exhibit an *Office Table*, designed to be connected with a permanent cellar battery. This table is similar in general construction to the cabinet battery which I have just described; but has not, of course, the closets for the cells. Both the cabinet battery and the permanent office table are elegant articles of furniture for a physician's office. The latter is in considerable use among the specialists and semi-specialists of Philadelphia and other cities, and gives general satisfaction to those employing it. It is as elaborate but not as complicated as some of the German apparatus in use in this country; but it is as well, or better, adapted for the purposes of the medical electrician and general practitioner.

Flemming & Talbot also display a new improved portable, constant-current battery. Its cells are arranged in sections, and in such a manner that any section can be used independent of the others, or the whole can be put in action together. The cells are covered by a hydrostat, or sliding board, to prevent the fluid from spilling. An important improvement consists in the presence of a door in front and below, by means of which the condition of the cells can be readily examined at any time, or by which they can be withdrawn without removing the plates above. The necessary attachments are situated in the cover of the box. The rod, by drawing up which the cells are put in action, answers also the useful purpose of a "gentle reminder" to the physician that his battery must not be thus left, as the lid of the box cannot be shut until this rod is pushed down and the liquid removed from the zinc.

Another portable constant or continuous current battery is the well known and excellent Stohrer instrument, improved by Flemming & Talbot. Its cells are made of hard rubber. The elements are attached to brass plates on top of the case, and are numbered 2, 4, 5, 8, etc. Instead of using a slide to bring into action the number of cells desired, a connecting pin is inserted in a hole in the plates. This contrivance is not so likely to get out of order as the slide.

Flemming & Talbot's Faradic battery, also on exhibition, is one of the best that I have yet seen. The illustration herewith given will afford a general idea of its construction.

It has a current interrupter or rheotome, for both slow and rapid interruptions, an ingenious and useful piece of apparatus. The rapid interruptions are made by an ordinary vibrating spring; the slow, by a long lever swung horizontally, and adjustable by an inclining ring, which regulates the lever's range of vibration. The contact lever is the same for both interrupters, which are at right angles to each other. It is mounted so as to move horizontally in the angle between the two springs, and can be rapidly swung from one to the other by a simple movement of the finger. Oscillations as slow as one per second can be obtained with this instrument. It is also provided with a commutator, or polarity changer, scales by

which the primary and secondary currents may be graduated to the utmost delicacy or greatest power, and with a new galvanic cell. This cell, which is charged with a solution of bichromate of potassium, is so made that when not in action the zinc is raised out of it altogether and the aperture through which it passes covered by a rubber hydrostat, making the cell perfectly fluid-tight, and saving both the fluid and the zinc from the effect of splashing in transportation, or of immersion in case of an upset. By this plan, also, the cell can be filled nearly to the top and the zinc be made twice the usual length; it will thus produce a stronger current and last a longer time.

They display a small faradic coil with an independent battery, in a Russian leather case, a neat and portable apparatus.

Among their exhibits I observed, likewise, Dr. Flagg's dental helix, with water tube rheostat, an instrument which gives a remarkably smooth and delicate current, and to whose efficacy in lulling pain during the extraction of teeth I can testify from personal experience.

Finally, they present, in a large glass case, electro-medical appliances of all kinds, comprising rheotomes, bougies, electrodes, etc.

The display of this firm is well worthy of attention, and it is a credit to themselves and to Philadelphia.

The Western Union Telegraph Company, at No. 53, have an immense and beautiful display of electric apparatus for telegraphic purposes, which, however interesting to electricians in general, does not especially claim the attention of the medical profession. Mr. T. P. Scully, of this company, however, exhibited to me a cautery battery, the invention of Dr. J. Byrne, of Brooklyn, which is well worthy of notice. Its elements are zinc and copper, but the copper is plated with platinum, and also platinized and backed by lead. The exciting liquid employed is the ordinary bichromate of potassium solution, or dilute sulphuric acid. The battery is composed of four small cells, only twenty-two inches of metallic surface being exposed to the action of the solution. Its electro-motive force is claimed to be greater than that of any other battery; and for cautery purposes it is said to be unequaled. It can also be used for torpedoes, electro-plating, etc. It will heat eighteen inches of number 18 copper wire to incandescence. Mr. Scully stated that Sir William Thomson had examined it while going the rounds of the Exhibition, and had pronounced it the best instrument of the kind which he had seen. He gave practical illustration of his admiration by ordering one.

Just west of the "Western Union," at No. 60, is the large and attractive exhibit of the Western Electric Manufacturing Company, of Chicago. This also is chiefly a non-medical display, consisting mostly of telegraphic apparatus, railway signals, harmonic instruments, etc. The principal medical exhibit is an *Electric Bath*. The bath tub has arranged along its sides a number of metallic discs or knobs, which correspond to the various parts of the patient's body—leg, thigh, arm, head, etc.—and is connected with an elegantly finished induction apparatus, the whole so constructed that the operator can turn the electric current upon any portion of the body.

This Company likewise presents a galvanic cautery battery, so arranged that four, eight, twelve, or sixteen cells, as may be desired, can be brought into service. These pieces of apparatus are quite handsome; but the batteries appear to me to be much larger than necessary for the ordinary purposes of the physician. Any kind of electric work is done to order by this firm in the very best style.

I purposed in the present communication to describe the interesting electro-medical exhibits of several other American establishments; but I will have to defer their description to another time, as my letter has already grown to sufficient length. Yours, C. K. M.

Notes of an Epidemic of Diphtheria in Tennessee.

Ed. Med. and Surg. Reporter:—

An epidemic of this disease has prevailed in this community from the latter part of July until now, October, being attended with considerable mortality. This was its first appearance since its recognition as a specific blood disease, though, under the name of "putrid sore throat," it had evidently been here before. Nearly every individual in the community was more or less under the influence of the poison, the cases ranging from mild to malignant, children and nursing women being the chief sufferers; a few infants were attacked. The attack began with a rigor, followed by high fever in many cases, with one or both tonsils more or less tumefied; in a few hours false membranes appeared on these and extended to the arches of the palate, and thence posteriorly to the pharynx; the latter presented the appearance of a cut of fat steak at first.

These were the grave and malignant cases, and required heroic treatment from the outset, the routine chlorate potash and tincture ferri being too slow in their action. We soon found, to our sad experience, that the diathetic treatment was not active enough, and resorted to heavy doses of quinine, three to five grains every two hours to children, and eight to ten for adults, until the pulse came down or diaphoresis was established, the effect being maintained by large doses at longer intervals. The point aimed at was to reduce the local congestion before the parts had become solidified by interstitial deposits, and no other remedy with which we are familiar can accomplish this so quickly as the great anti-congestive, quinine. I recall several cases in which one to two drachms were used before even cinchonism was established. Locally we used a saturated solution of persulphate of iron, in water or glycerine, applied with a soft mop of cotton once or twice a day. This removed the

false membrane more quickly than anything we tried, though we used sixty-grain solutions of nitrate of silver, carbolic and salicylic acids, chloral, etc. Chloral in saturated solution had a good effect, but was quite painful for a few minutes; it corrected the disgusting fetor about as well as anything we tried. Tracheotomy was not resorted to in any case. Before closing, we will mention, among the symptoms, the occurrence of black vomit in two cases, one of which recovered.

We forgot to mention in the proper place that we used calomel and soda in a number of cases as a purgative. Dr. Malone, of Gallatin, Tennessee, informed me a few days since that he relied on this combination, in alterative doses. for one or two days, using locally persulphate of iron, and had not lost a case out of a dozen so treated, though, from the small number of his cases, the epidemic evidently had not much malignancy about it. E. L. Drake, M. D.

Fayetteville, Tenn., October 12th, 1876.

[To produce cinchonism with the utmost promptitude was first recommended in diphtheria, by Dr. Von Sweringen, of Indiana. Calomel and soda has been highly extolled by Dr. Duer, of this city.—Ed. Rep.]

Case of Supernumerary Fingers, Hereditary.

Ed. Med. and Surg. Reporter:—

The power of hereditary influence is often vididly presented to the attention of the practitioner. This is seen not only as a causative element of disease, but moral and physical defects are often transmitted in a wonderful degree. Six hundred criminals have been traced as springing from one prostitute. I have read of each member of a large family born with six fingers on each hand, and six toes on each foot. I recently delivered a negro woman of a hearty female infant, which had six fingers on each hand. The mother informed me that her own father, herself and her first child were born with the extra fingers, on both hands, except the first born, which had only one hand thus deformed.

On one hand of the infant the finger existed as a rudiment—a sort of a knot or bud. On the left hand two phalanges were perfect, joint, tiny nail, etc. The third phalanx was represented by a ligamentous cord, by means of which attachment was made to the outer surface of the little finger.

According to Gross' "Surgery," a supernumerary finger is uncommon, while it is by no means rare to see an additional thumb. He says in the majority of cases the attachment is through the medium of a separate joint, having a distinct synovial membrane, and that cutaneous attachment occurs only in a minority of cases. In each of the four cases referred to above, the attachment was by a cord, representing the third phalanx. In the Mobile Medical Society, lately convened, "Dr. W. H. Ross reported the case of a negro girl who had six fingers on each hand. The father and mother both had suffered from the same deformity. The supernumerary fingers were removed by Dr. Scaler quite readily, *being merly attached to the hand, as is the usual case, by a ligament.*"

C. C. Vanderbeck, M. D.

Philadelphia.

The Priority of the Use of Quinine in Pertussis.

Ed. Med. and Surg. Reporter:—

The sixth volume of "Ziemssen's Practical Medicine" came to my office this day, from the publishers. On looking over the article on whooping cough, page 727, the credit is given to Binz of first giving quinine in Pertussis. He relied on the theory that whooping cough depends on some form of fungi, and quinine in experiments kills the spores of fungi. Now, whether this opinion be correct or not, it was not with that intention that the New York physicians employed the article, but on account of its well-known antiperodic, antispasmodic, febrifuge, and nerve-tonic properties. The German has given it in larger doses than we have given it—to a child five years old nine grains twice a day. I think five grains to a child of that age sufficient. In my experience, if quinine does not relieve in five or six days, it will not do much good by longer continuance. It perhaps relieves the patient in whooping cough, as it does in asthma. I often prescribe it in cases where the patient would be aroused from sleep at a certain hour of the night, with an attack that would last for an hour or two. From ten to twenty grains of quinine, given at bedtime, will, in many cases, prevent the attack. Dr. Reynolds, of London, must be unaware of the experiments of the Germans, or of its use in this country for many years past, because he speaks of its being original with himself. John Burke, M. D.

New York, Oct., 13th, 1876.

News and Miscellany.

Electricity and Nervous Diseases.

We have received the announcement of a special course of lectures on Electro-therapeutics and Nervous diseases, to be delivered by Dr. Charles K. Mills, at the Philadelphia School of Anatomy and Surgery, 1022 and 1024 Hunter street, above Market and between Tenth and Eleventh streets. The course will include one lecture on Dental Electro-therapeutics. The lectures will be illustrated with apparatus and cases, and private practical instruction in Electro-therapeutics will also be given. Introductory lecture, to which all are invited, Saturday evening, November 11th, 1876, at 7½ o'clock. The lectures will be continued thereafter at such hours as will suit the class. Fee for the course, $10.00. Any one desiring infor-

mation is requested to apply at 1011 Walnut street, on Tuesdays, between 9 and 10 A. M., or to Charles K. Mills, M. D., 1502 Columbia avenue.

Wm. R. Warner & Co.

Have received the Centennial award for their soluble sugar-coated pills. This is the third Grand World's Fair prize that attests to their excellence over competition at home and abroad.

Personal.

—Dr. A. B. Jones, one of the oldest and most skillful physicians and surgeons in Portsmouth, O., died on the 15th inst, of rheumatism of the heart, after an illness of two days. He will be mourned by a great number of friends whom he had won by his generosity and benevolence.

QUERIES AND REPLIES.

Spontaneous Orgasms.

Dr. N. L. Folsom, of N. H., replies to the query on page 326, that he has used digitalis with marked success. He begins with ten drops three times a day, and increases the dose to sixty drops, if required.

Southern Female Institutes.

Two correspondents reply to J. G. C., on this subject, naming the Wesleyan Female Institute, Staunton, Virginia, and the Seminary of the Sisters of St. Joseph, Jacksonville, Florida.

Lister's Antiseptic Dressings.

Dr. E. A. M., of Chicago.—Prof. Lister uses the officinal carbolic acid. The names and preparation of his dressings are given in Sansom's work on Antiseptics, and also, in considerable fullness, in Napheys' *Modern Therapeutics*, fourth edition, now nearly ready.

Ascites.

Dr. A. M., of Ga., writes of a male patient whom he has tapped fifty-eight times since September 19th, 1875, removing 158 gallons of fluid. He asks suggestions for treatment, but fails to give a sufficiently full description for one to guess the etiology of the disease.

OBITUARY.

DR. A. G. WALTERS, PITTSBURG.

This able surgeon died suddenly, October 14th, of pleuro-pneumonia. He was a native of Prussia, and received his diploma from the University of Kœnigsberg, 1835, and his license from that of Berlin, 1836. He came to this country in 1836, after having attended a course of lectures under Sir Astley Cooper, in London. He was a thorough surgeon, and devoted his time and energies to this branch of the science of medicine. He was a bold operator, and no case seemed too difficult for him. He had not been long in practice until he achieved remarkable success, in a number of cases, and his fame soon spread throughout the State. He was known as a leading surgeon, to the profession at least, in all the principal cities of the United States, and his name was not unknown in Europe. He was as independent as he was bold, and would not permit the opinions of any other practitioner to influence his judgment in the least. This course of conduct placed him, as it were, outside the medical guild, and led to the impression that he was cold and unsocial—an impression quite erroneous, as he was warm-hearted and genial toward all his friends, although his acquaintanceship was much more limited than it might have been. He was always full of business, and the demand for his professional services left him little time for social intercourse or enjoyments. Dr. Walters was married to the daughter of Major John B. Butler, of the Allegheny arsenal, the lady also being the niece of Dr. Gazzam, and a wife and two children mourn the loss of husband and father.

He was a frequent writer on surgical subjects. In 1867 he published a useful work on "Conservative Surgery in Badly Injured Limbs." He contributed several papers to the REPORTER, on "Simple Fracture of the Femur," on "Retro-Pharyngeal Abscess," etc. This summer he contributed an excellent article on Artificial Joints to the *Archives of Clinical Surgery*.

MARRIAGES.

DIBRELL—REARDON.—At the residence of Mr. E. T. Halliwell, No. 2222 Lombard street, Philadelphia, October 3d, 1876, by the Rev. T. William Davidson, Dr. James A. Dibrell, Jr., and Lallie Reardon, both of Little Rock, Arkansas.

FOX—BIDDLE.—At Philadelphia, October 11th, at St. Matthew's Church, by Rev. D. O. Kellogg, De Grasse Fox and Harriet, daughter of Dr. John B. Biddle, of Philadelphia.

HALSTEAD—FORRESTER.—On October 18th, at the residence of the bride's parents, by Rev. T. W. Chambers, Pearson Halstead and Janet, youngest daughter of James C. Forrester, M. D., all of this city.

HARVEY—KENNEDY.—At the residence of the bride's father, Tuesday, October 10th, 1876, by Rev. Bell Gifford, Chester W. Harvey, M. D., of Chicopee, Mass., and Fanny E., daughter of James Kennedy, of Tuckerton, N. J.

MILLER—DERICKSON.—At Orange, N. J., on Oct. 3d, 1876, at the residence of the bride's brother, by the Rev. H. S. Bishop, Dr. Thomas V. Miller, of Shafferstown, and Mrs. S. S. Derickson, of New York City.

PEIRCE—SAYLOR.—On Thursday, October 12th, 1876, at Schuylkill Haven, Penn., by Rev. B. K. Peirce, D. D., Dr. Henry T. Peirce, of New York City, and Mary, daughter of Henry Saylor, Esq., of Schuylkill Haven, Pa.

STURGES—MACLEOD.—By Rev. Arthur Brooks, of the Church of the Incarnation, October 8th, William Sturges, of Chicago, and Miss Bessie MacLeod, daughter of Dr. J. D. MacLeod, of Chicago, Ill.

URQUHART—DICKENS.—At the residence of the bride's father, Captain Elias Dickens, October 19th, 1876, by the Rev. William Suddards, Rector of Grace Church, George W. Urquhart, M. D., and Miss Mary E. Dickens, all of this city.

WALKER—POND.—On the evening of the 5th inst., at the First Congregational Church, Milford, Conn., by the Rev. Mr. Lyman, of Brooklyn, N. Y., John Smith Walker, M. D., of Philadelphia, and Miss Sophie M., eldest daughter of Nathan G. Pond, of Milford, Conn.

DEATHS.

BERTHET.—In New York City, on Sunday, October 15th, suddenly, of heart disease, Felix Berthet, M. D.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

THE PRINCIPLES OF ANTISEPTIC SURGERY.

BY JARVIS S. WIGHT, M. D.,

Professor of Surgery and Clinical Surgery at the Long Island College Hospital.

[The speaker, after having explained the most recent views on the nature of the processes of fermentation and putrefaction, proceeded :—]

It appears, therefore, that the cells of nutrition absorb, decompose and eject some forms of matter, in a manner similar to torulæ, bacteria and septic germs. And this similarity elucidates the subject of antiseptics and disinfectants. But antiseptic surgery depends on infection and sepsis; for without infection there would be no antiseptic surgery; and to understand antiseptic surgery implies a knowledge of antiseptics and disinfectants.

Let us at once define the terms antiseptic and disinfectant:—1. *An antiseptic is a preventer of sepsis.* For example, when carbolic acid preserves septic germs, so that they cannot infect, it acts as an antiseptic. And, 2. *A disinfectant is an arrester of sepsis.* For example, when chlorine decomposes septic products and septic germs, it acts as a disinfectant. In a general way, fermentation and putrefaction may be included in these definitions. So that a preventer of fermentation and putrefaction may be called an antiseptic; and an arrester of fermentation and putrefaction may be called a disinfectant. Hence any place containing fermentable or putrescible matter may be antiseptic; and any place containing fermenting or putrefying matter may be disinfected. Notably, however, antiseptics prevent septic changes taking place in the body, that is, they prevent infection; and disinfectants arrest septic changes going on in the body, that is, they arrest the changes caused by infection.

On the one hand there is a nutrition cell; on the other hand there is a septic germ; and the septic germ is ready to infect the nutrition cell. In one case it is possible to antisept, preserve, or disable the septic germ, so that it cannot infect the nutrition cell; in another case the nutrition cell may be so changed by an antiseptic that it cannot be infected by the septic germ; and in still another case it is competent to affect by an antiseptic both the septic germ and the nutrition cell, so that they cannot act upon each other.

Now suppose that the nutrition cell is infected by the septic germ, that the bacterium is using up the oxygen of the cells, that sepsis is going on. Again, in one case the septic germ may be destroyed, so that infection ceases, that is, the nutrition cell is disinfected; in another case the nutrition cell may be destroyed, and then infection is arrested; and in still another case both the septic germ and the nutrition cell may be destroyed, and then sepsis can no longer go on.

In this connection two important observations may be made:—1. Locally, the infected nutrition cells may be destroyed either by an antiseptic or a disinfectant, so as to limit the sepsis, without harm to the general system. 2. If the sepsis is general, it must be arrested by the use of some agent that will not injure

the nutrition cells, but will destroy the life of the septic germs.

Here, while admitting the importance of the germ theory, and the force of septic germs, I wish to state that there are many other forces surrounding and involving the living cells, which may, from time to time, become morbific in their tendency. These forces, such as gravity, heat and light, may, under favorable conditions, so far affect the cells of nutrition, that they, for a longer or shorter time, may live a morbid life. And these cells, during this morbid life, may make waste products that are extremely offensive, and readily infected by septic germs; and then the morbid cells themselves will become infected, and finally the sepsis will invade the healthy neighboring cells. For instance, let me direct attention to the well-nourished body; it develops, grows, moves, and works in the midst of forces, such as gravity, cohesion, affinity, heat and light, that is, its existence is intimately related to these forces. In fact, the harmonious coöperation of these forces makes organization possible; and if this harmony be broken, disorganization supervenes. Precipitate the body from a sufficient height, and it is dashed in pieces; wrap it in the flames, and it melts into ashes and dust; pour the sunbeams of summer on it, and it may perish; let the lightning strike it, and the poles of its organic affinity are torn asunder; and overdose it with potential drugs, and its vital motions cease.

Under the abnormal action of physical forces nutrition is impaired. The cells are injured by a fall, a blow, or a burn; they are not killed outright; they do not die at once; they try to live; they struggle on for a while; it is a morbid life; in fact, they are sick, some unto death, and some unto life; it is slow work, but they at last recover; and while they are sick, they behave like ferments, putrefacients, septics and nutrifacients; they die perhaps, and enter the blood and lymph, which they contaminate and poison, and then poison the general nutrition; and the sick cells may go into the general circulation, and infect the healthy cells; and what is more, the waste products of this impaired nutrition may permeate the lymph spaces, the lymphatics, and the blood vessels, and disturb more or less seriously the nutrition; and then there supervenes a condition like sepsis, *a sepsis without the septics;* there is an infection without the bacteria, a contamination by sick cells and their waste products; but one says, there is surgical fever; and another says, there is inflammatory fever; there is a something which gets into the streams of the circulation, and affects the blood cells; this something and the contaminated blood cells go out into the tissues; there are wandering cells, repair cells, and pus cells; and these cells, in their diapedesis, are below par; they affect, if they do not infect, the cells of the tissues, and impair their nutrition. Yes, perhaps the fluids of the blood, the lymph, the tissues, the granulations, and the pus contain, during surgical fever, and inflammatory fever, the infection; and perhaps the corpuscular elements have no harm and no blame; and it may be that the infection is a chemical poison generated for a time, or it may be that these fluids are infested with bacteria.

Give the bacterium his due, for he is a scavenger, and may begin his work too soon, but that is not his fault, since he may mistake a dying cell for a dead one. But there are other factors besides bacteria that claim the attention of the antiseptic surgeon. The baneful effects of the products of gangrene and ulceration, and of the waste products of repair, have been too little considered. How careful we are to remove the waste products of nutrition: carbonic oxide, urea, excrement, and animal matters are borne away by the air or covered by the soil. Shall, then, granulations consume their own waste products? Shall the material used and ejected be used over again, as if it were fresh and pure? *Ventilate wounds, amputations and ulcers, and wash away the waste products.* But the objector says, you admit the mote-laden air; and this air is full of germs, disease germs, septics, and you must keep away the air to exclude the germs. But, in reply, there are germs that live without oxygen; and the more the air is excluded, the more these germs can flourish. Besides, the granulations must have oxygen, or they sicken, and then the anaërobic germs can attack and feed on them. In the absence of complete proof, it is easy to assume the universality of air germs. Germs are, perhaps, well-nigh universal; but only some of them are disease germs. It is at least admitted that the bacteria are concomitants of disease, while the infusoria are generally quite harmless. If every germ of the air were a disease germ, surely it would be a wonder if the germs were not the survivors of the nutrition cells, and thus the "fittest," and then the race would come to an end.

It appears, therefore, that antiseptic surgery is obliged to deal with the antagonism between different kinds of living matter. It seeks the best means of preventing and arresting the invasion of the tissue cells by septic germs; for the prevention of infection suggests the subject of disinfection. And a substance in one relation may be an antiseptic, and in another relation may be a disinfectant. For instance, carbolic acid, when applied to an infected wound, may antisept the infecting virus, and disinfect the wound; but if chlorine be diffused through an infected hospital ward, it will destroy the infecting virus, disinfecting the ward and the various objects that it contains.

Antiseptic surgery has become famous, so has carbolic acid; and the fame of carbolic acid comes from its antiseptic power. But carbolic acid has other properties: carbolic acid is an astringent, arresting bleeding from small vessels, and preventing the entrance of septic germs into the lymph spaces, lymphatics, and blood capillaries; it is a local anodyne, alleviating the pain and the shock of injury; it is a local anæsthetic, mitigating and preventing the pain and shock of operations; it slows, or inhibits the amœboid motion of the white cells, often modifying in a favorable manner the process of plastic infiltration; it diminishes reflex irritation, controlling the action of the vaso-motor nerves, limiting congestion and exudation, and tending to subdue inflammation. See how many substantial reasons why carbolic acid may be used in surgery; and these reasons are not because carbolic acid is antiseptic. Please to remember that I do not ignore the antiseptic property of carbolic acid. I simply object to the apotheosis of its antisepsis. That it can, from time to time, prevent and modify infection and sepsis is a great gain to surgical therapeutics; but it can also kill and mummify tissue cells, white cells, repair cells, granulation cells, and pus cells. I am unable to say whether it will kill the septic germs or the cells of nutrition first. I do not know what form of living matter can longest resist the antiseptic action of carbolic acid. One thing is pretty evident, the internal use of carbolic acid can do but little good in general infection and sepsis, for, if it destroys the so-called septic germs, it may also destroy the cells of nutrition. And should there be a sepsis, or a fermentation, or a zymosis, by the living cells of the blood and tissues, carbolic acid as an antiseptic would certainly not be indicated, especially when we possess such a remedy as quinia. The theory and the practice of some of the advocates of antiseptic surgery may be put into the form of a syllogism. The mote-laden air is full of germs; germs are the cause of septicæmia: carbolic acid will destroy septic germs; therefore, carbolic acid will prevent septicæmia. The air is full of germs, we admit, and the air germs may be the cause of sepsis, we also admit; but septic conditions arise when there are no germs except the sick cells; while many of the air germs are innocuous; and even if carbolic acid, most vigorously applied, will prevent septicæmia, it cannot prevent the "septoid" work of injured and sick nutrition cells. So the syllogism does not contain all the facts of the problem; and if it did, the completeness of the practical work that it proposes would be simply impossible.

To turn from this picture of putting carbolic acid on the septic germ, I have said that there are *anaërobic* germs; they are, perhaps, the *vibrios*, so-called; they live in the depths of some fluid containing putrescible matter; they, like fish, cannot live in the air; they go into the circulation and penetrate the tissues; they liberate the sulphur, phosphorus and nitrogen, which combine with hydrogen and go into the air in the form of offensive gases that are slowly oxidized. This disastrous work of the vibrios, going on after death, may begin during life, may originate in the waste products of nutrition or repair, and eventuate in the decomposition of the living cells. But a beautiful provision of nature comes in here to our aid. A disinfectant, of undoubted power, too little understood, too little appreciated, and not used as much as it ought to be, can do two important things. I mean chlorine, which has a strong affinity for hydrogen. Chlorine will abstract hydrogen from its compounds with sulphur, phosphorus and nitrogen, and this abstraction of hydrogen destroys septic and putrid products, which, as every one knows, act as powerful chemical poisons. Chlorine will take hydrogen from water, and leave nascent oxygen, which is like ozone, and will oxidize the bacteria and kill the vibrios. Chlorine decomposes septic products and destroys septic germs.

The vast practical importance of this subject cannot better be illustrated than by going over the main points in the history of an outbreak of septicæmia in the Long Island College Hospital, during the spring and summer of 1873.

The medical officers of the Executive Committee requested me to submit a plan for purifying the infected wards. The following plan, approved by my colleagues, was carried out, under my personal supervision. The patients and everything movable, except the bedsteads, were removed from the infected wards. The straw, some of the bedding, and some of the clothing were burned; the rest of the bedding and the clothing were put into a strong solution of carbolic acid for two days and then taken out, when they were washed and dried; the wards containing the bedsteads were fumigated, for three days, with the hot vapor of carbolic acid, when the walls, floors and bedsteads were scrubbed with a strong solution of carbolic acid; everything was then thoroughly ventilated, and the patients were put into the purified wards; and the septic demon went on with the same pace as before the lavish expenditure of carbolic acid. So much that time for the use and fame of the great antiseptic. We were powerless, or in error; we shall see.

Later on in the season I came on duty in the surgical wards, our fruitless work of purification still fresh in memory. The results had been bad, and the prospects were discouraging. Could anything be done to arrest and avert this sepsis, this infection, and banish the septic germs? It then occurred to me that I had used an antiseptic which might preserve the septic germs for a time, and afterward evaporate, leaving the germs alive and ready to continue their work. Surely I had overlooked the surgeon, the interne, and the nurse, whose hands might be the nursery for all kinds of septic germs, ready for transplantation into the first congenial soil, and the waste products of nutrition and repair would constitute such soil, and are abundant in the wards of a hospital. Remembering the disinfecting power of chlorine, I determined to use it, which I did in the following manner:—*The hands of the surgeon, the interne, and the nurse, and all instruments and appliances, were disinfected by a solution of chlorinated soda, before each operation and each dressing of a wound, and in about two weeks sepsis had ceased its ravages.* During this time, and subsequently, some wounds were dressed with carbolized oil, some with sweet oil, some with castor oil, some with a solution of chlorinated soda, some with zinc ointment, some with red wash, some with fresh water, and some with dry oakum, and there was no return of the sepsis, nor has there been to this day; but a bottle of liquor sodæ chlorinatæ has been standing on the table in each of the wards for constant use ever since.

Suppose the germ theory to be true—for it is good enough to be true—it is not universal; all diseases are not due to septic germs, though some are, and the destruction of septic germs before they infect prevents sepsis and disease. Admit that antisepsis is good practice, it must be further admitted that disinfection of infecting material is better practice, for it decomposes, where antisepsis might preserve. And this better practice may be illustrated and proved by experience. At any rate, the most rigid antiseptic surgery, so-called, may be equaled by careful disinfection and ventilation. Clean hands, clean air, clean water, clean sponges, clean instruments, clean bedding, clean wards, clean patients, and clean wounds, by whatever means obtained, are the groundwork for the best results. And it is true, that, in Scotland, Germany, England and America, *cleanliness* has done as much, if not more, than the great antiseptic, for the safety and recovery of surgical patients. Cleanliness has been overlooked, and the pleasing results of a beautiful theory and a magnificent practice, which are the *post hoc*, have been looked upon as the *propter hoc* of carbolic acid. I do not condemn carbolic acid, but use it constantly, for it is a priceless remedy, having wonderful powers, such as were unknown when it was first employed in the healing art.

I have spoken of the waste products of repair; I mean the repair of injury. It is true that nature is prodigal of material; this is especially so of repair; much more than is needed is furnished, and the surplus is or ought to be removed. Can the ferments live on alcohol? Can the bacteria live on sulphuretted hydrogen? Can the liver cells live on bile? Can the blood cells live on carbonic acid? Can the vibrios live on air? And can the granulation cells live on pus? Surely it would not be good practice to compel the cells of repair to consume their own waste products, or to turn these products back into the general system to poison it.

It is not my purpose here to go into a lengthy consideration of the various antiseptics and disinfectants. I simply note some of them. Pulverized charcoal, whose carbon atoms attract and condense the oxygen atoms of the air into an active agent like ozone; permanganate of

potassa, whose abundant oxygen is liberated, and becomes nascent and active; and sulphurous acid, which also parts with oxygen, rendering it like ozone, may, on account of this condensed and active oxygen, superoxidize the bacteria, and oxidize the vibrios, and put an end to sepsis, as well as putrefaction and fermentation. I might dwell on the use of quinia, which has the extraordinary power of destroying some kinds of septic germs as they are at work amid the living cells, and inhibiting the activity of some others, when the nutrition cells cannot alone withstand them; and I might rehearse the good qualities of alcohol as an incompatible to septic germs, and a sustainer of nutrition cells, but I forbear, as my object was to make some remarks on *sepsis* and *antiseptic surgery*.

And, in conclusion, in doing this, I have traced the thread that runs through living matter in its various forms. I have compared, in a certain way, sepsis with fermentation, putrefaction and nutrition, and have also compared impaired nutrition, caused by the abnormal action of physical forces, to sepsis, showing the limited application of the germ theory to the practice of antiseptic surgery; and I have intimated that after all sepsis may be a kind of putrefaction, modified and changed by the resisting and yet impaired action of living cells; a putrefaction beginning, under certain conditions and relations, in the waste products of nutrition and repair, before these products are removed from the vicinity of the living cells that formed them; in fine, that there is a contest betwixt nutrition and putrefaction, a battle of the pigmies; a mistake, perhaps, of the putrefacients in the matter that they are called upon providentially to decompose for vegetation; flesh that cannot or ought not to live; and so the scavengers come early, bent on destroying the putrescible individual, but, in the main, wholesome to the many who live; and I have not denied the value of preserving the scavenger until other natural causes may have done his work; but I have said that the destruction of the initial soil of infection, and the consequent destruction of the septic germ, is the best method of antiseptic surgery. The principle involved here seems to be sound. In essentials there should be agreement; while in particulars, leading to the essentials, there may be a difference of opinion and a variety of practice.

Communications.

CASES OF FRACTURE OF THE ELBOW-JOINT, WITH RETURN TO USEFULNESS, AFTER YEARS OF DISUSE.

BY O. H. ALLIS, M. D.,

Surgeon to the Presbyterian Hospital.

These cases, collected from different sources, illustrate an important principle in surgery. They were all unpromising and of a very aggravated character; they all, at a remote period, became sound and useful.

Case 1.—A woman, aged forty-four, fell upon the sidewalk, in January, 1850, striking her right elbow. I* saw her a few minutes after the accident, but the parts about the joint were already considerably swollen, and it was not without difficulty that the diagnosis was made out. The forearm was slightly flexed upon the arm, and pronated. On seizing the elbow firmly, a distinct motion was perceived about the condyles and a crepitus. While moderate extension was made upon the arm, the condyles were pressed together, when it was apparent that they had been separated. On removing the extension they again separated and the olecranon drew up. She was in a condition of extreme exhaustion, and the bones were easily placed in position. An angular splint was secured to the limb, and every care used to support the fragments completely, but gently.

From this date until the conclusion of the treatment, the dressings were removed often, and the elbow moved as much as it was possible to move it.

Seven months after the accident the elbow was almost completely anchylosed at a right angle. The fingers and wrist were also quite rigid. Six years later the anchylosis had nearly disappeared. She could now flex and extend the arm almost as much as the other. The wrist-joint was free, and the fingers could be flexed, but not sufficiently to touch the palm of the hand.

Case 2.—A gentleman was struck with the tongue of a carriage with which a couple of horses were running. The blow was received directly upon the back of the elbow. Dr. Sprague and myself† removed some small fragments of bone, and while opening the wound

* Hamilton, on Fractures, p. 254.
† Hamilton, on Fractures, 254.

for this purpose we could see distinctly the line of fracture, extending into the joint as well as across the bone. The condyles were not separated. The subsequent treatment consisted only in the use of such means as would best support the limb and most successfully combat inflammation. The arm and forearm were laid upon a board and well-cushioned angular splint, covered with oilcloth, to which they were fastened by a few light turns of a roller. *During the first* year there was no motion in the elbow-joint, but he can now flex and extend the forearm through about 45°.

Case 3.—Q. R., aged twenty-eight, was thrown, in a scuffle, violently upon his elbow on a bar-room floor. Arm instantly rendered helpless, olecranon split off, and withdrawn about two inches, and head of the radius displaced laterally. The resulting inflammation was great, and it was a fortnight before the olecranon could be brought down to its proper place. The arm was not moved during the repair. Six months from the inception of the injury his arm was stiff, painful and unserviceable. At this time he was advised to rub it well with liniments, and begin to carry such weights as he could. At the expiration of a year he could extend his arm almost to a straight line. At this time he began flexing it, and it was two years before the motion was as fully restored as it is at present. Had the head of the radius been replaced, he would have now complete pronation and supination, which are really the only privations he suffers.

Case 4.—P. Roberts, aged 37, a rigger by occupation. He was engaged in raising a flagpole, and when he had it about half way up he found it necessary to ascend it to make some alteration in his hoisting apparatus. He had ascended to the crostrees, a distance of forty-five feet from the ground, when the pole broke from its fastenings and all came to the ground. His injuries were aggravated by the rebound from the crostrees, which hurled him back into the air about ten feet. He was taken up unconscious, and remained so for forty-eight hours. There was fracture of the bones of the nose, dislocation of the acromial end of the clavicle, fracture of the ulna about three inches below the joint, and a complete anterior displacement of the head of the radius. The arm was dressed with an anterior angular splint, and the dressing changed twice, at intervals of two weeks, and entirely removed at the end of six weeks. During the repair there was no effort to reclaim the joint. At the end of three months he applied to two hospitals, but was refused admission on the ground that his arm was beyond recovery. (This is his own statement. He might have been refused, on the ground that a suit of malpractice would result if he could procure witnesses against those who had his arm first in charge. The suit occurred later, but not favorably to him). Six months from the injury he applied at Howard Hospital, with an arm deformed, stiff and useless, but otherwise showing no evidence of the excessive pain and swelling that followed the injury. Pronation and supination were, in a degree, limited. Ether was administered, and the arm gently flexed and extended. The stiffness was mainly due to the condition of the muscles. Around the joint an anodyne lotion was placed, and in two weeks the same process was repeated. He submitted to this, under ether, eight times. At the conclusion of this he was enabled to make fair use of his arm, but it was nearly two years before it became useful to him. At this time he would have had every motion, if, in the first dressing, the radius had been replaced.

I would call attention to the character and severity of these injuries. The first was a separation of the condyles; the olecranon having been forced as a wedge between them, splitting them asunder. The second was a compound comminuted fracture; the injury inflicted by a runaway team. The third was tripped violently upon a hard floor, and received the force of the blow on the elbow. The fourth fell forty-five feet, fracturing the ulna, and displacing the head of the radius, dislocating the clavicle, fracturing the bones of the nose, and left unconscious for forty-eight hours. In all, the injuries were of a severe and aggravated character, and the prognosis certainly unfavorable. Two of them, fortunately, were under the care of Professor Hamilton, and received his personal attention. Two were under the care of men whose experience was meagre, and who, during the entire cure, made no efforts to reclaim the joints. In all of them the joints were stiff, sore, and useless, at the end of six months. In three the joint was but slightly reclaimed at the end of a year. In three the arm was not fully restored before two years. In all, eventually, the function of the joint was perfectly restored, and the patient [illegible] have had the entire range of

motion had the fragments been perfectly adjusted.

Simple fractures implicating this joint, *i. e.*, fractures that are not complicated with external wound, will, as a rule, recover without anchylosis. The milder variety seldom give any trouble. In a former article upon this subject I gave the result of seven cases that I had treated without passive motion, and thus proved that passive motion was not always required, and especially in the class that were attended with but a slight degree of inflammation. With this, as with all joints, the degree of inflammation must vary with the severity of the injury and the condition of the person injured. In the most aggravated cases the whole limb becomes swollen, often from the fingers to the shoulder, and so great at the elbow as to change the entire contour of the limb. Plastic effusion rapidly supervenes upon such injuries, and every tissue about the joint, from skin to bone, becomes infiltrated. This is the class of cases that give one most concern, that recover so slowly, and often so imperfectly, that find their way into the courts, and often place the physician and the healing art in the most unfair, unjust and undesirable of positions. So frequently has this occurred that it is the legal aspect rather than the surgical aspect of the case that is uppermost in the physician's mind.

A surgeon, speaking of injuries of this joint, said, "I hardly dare say how early I begin passive motion; I usually begin it the second day;" while another told me that it should never be delayed beyond the tenth day, lest the oleeranon fossa become filled with plastic matter and render anchylosis inevitable. How strangely in contrast with this is the experience of Erichsen,* who says of fractures of the condyles: "it is in these particular fractures that passive motion, if it be ever employed, may be had recourse to, a tendency to rigidity of the joint being otherwise often left. The motion should be begun in adults at the expiration of a month or five weeks, in children at the end of three or four weeks, after the occurrence of the accident."

For my own part, I cannot believe that early passive motion—*i. e.*, motion begun prior to the tenth day—ever saved a case from anchylosis. That some surgeons, following this plan, have never had an unfavorable result, I am fully prepared to credit; but I am forced, from experience, to think that they overrate the value of passive motion in the early stages of an injury. I have left the shoulder, after dislocation—the elbow and wrist after fractures—for six weeks without passive motion, too frequently, and that too with the happiest results, to accept it as proven that *early passive motion will prevent anchylosis.* It is the serious cases like those already described that must establish the rule of practice, and that call for the best judgment.

What then shall be the treatment of the severer cases in this class of injuries? Rest, absolute and unqualified rest! Rest, if necessary, of part and system. The more perfect and complete it is, the better are nature's teachings carried out. It is not alone necessary that the part should be placed at rest. It should rest in the most favorable position for a swollen and inflamed member. If the person is to walk about, the arm will give him least pain if supported in a sling, but in the severer cases, and when a reclining posture is practicable, the arm can have no better position than when extended upon a pillow.

The extended position has certain advantages in combating inflammation. It is the most favorable to the return of the blood from the part. In these cases the limb is greatly swollen, and the deep and cutaneous veins are taxed to their utmost to convey away the excess of blood. The flexed arm presents an obstacle to the freest return of the blood, and hence presents an obstacle to the early subsidence of the inflammation.

It is the position that is attended with least pain when there is great swelling present. Such a position gives the most room for the effusions that have been thrown out. Let any one who has had effusions into and about a joint recall the pain and sens of constriction any attempt to flex it gave him, and he will readily understand the reason why it is suggested here.

It is the position, too, in which the deep, strong fascia of the elbow and forearm are most relaxed.

It is the one the patient naturally assumes, and seems to be directed by nature and experience. Whatever position gives the patient most comfort, *during the severity of the inflammatory process*, may, as a rule, be assumed, and in this position every effort made to speedily check and reduce the morbid process. Rest, anodyne lotions, local depletion and sorbefacients

* Erichsen, Science and Art of , vol., 1, p. 356.

have all their value, and, used with discretion, will yield good returns.

Still, the pertinent question confronts us, When begin the *passive motion?* In the milder cases there is no need for anxiety; they will all recover without surgical manipulation. In the severer cases *wait until the inflammation* has measurably declined. If the inflammation decline early and rapidly, there is nothing to fear. If at the end of two weeks the joint can be gently handled, rubbed, compressed by the surgeon's hand, without causing much pain; if at this stage there is but little pain, and the patient can attend to his daily avocation, there is nothing to fear of the ultimate restoration of the part. In this class of cases the patient will always begin to use his arm as soon as nature indicates it, and until that time arrives the more quiet it is kept the better.

But in the graver cases, the greater the amount of plastic effusion the longer and more persistent the inflammatory process; so will be the relative tardy return to usefulness. In these cases nature has hardly had time, in four weeks, to rally from the shock and immediate consequences of the injury. The inflammatory effusion so extensively thrown out must be removed by the same vital process that caused it to be poured out. Nature poured out this product for a wise purpose, and when its hour of usefulness has passed she will remove it, and until she has measurably completed her work she will not be tolerant of interference.

Hence, one cannot lay down any positive limit to rest, nor any exact period when passive motion should be began. I believe it is never judicious or necessary to begin it earlier than four weeks, and the discretion of the physician should decide whether passive motion should be instituted at that time or be deferred to the second or third month. Passive motion, began at the proper time and judiciously followed, will greatly assist nature, and that is all the physician is ever called upon to do.

The mode of restoration, when the proper time has come, is a matter of great importance. In the first place no brilliant results can be expected. So grave an injury, that has required months to repair, will require months to regain its full function. In not one of the four cases narrated was the arm useful before the expiration of a year.

When the pain and swelling have subsided, and the arm resumed its natural shape, the patient may be assisted in regaining the use of the part. This may often be wisely preceded by the use of a good liniment, which, with the rubbing, has a far wider range of usefulness than is usually attributed to it. It promotes a healthier circulation, and thereby gives immediate relief. It aids the absorbents, and thus does permanent good; but its chief efficacy lies in the healthful influence it exerts upon the muscles. It is impossible to rub the arm without calling into play the fibres of the deep muscles. Even when the parts are exquisitely painful, a light, gentle friction to the skin is of great value; but when the design is to aid the deeper structures, a slow, kneading process may be resorted to, and this is not only always practicable, but is in many respects superior to electricity.

When passive motion is to be instituted, every care should be taken to disarm the fears of the patient. Fear alone may produce a muscular rigidity that will lead to very erroneous conclusions as to the true condition of the joint, a condition that often disappears when the patient is assured that no harm is intended. By adopting in the first attempts the gentlest manipulations, and satisfied with the slightest degree of motion, the confidence of the most timid patient will be secured.

To avoid doing any mischief, the effects of each manipulation should be carefully watched, and the frequency and degree of motion be regulated by this standard. In this, as in everything else in life, it is only the beginning that presents difficulties.

In extreme cases the work can be advantageously hastened by the administration of ether and the part freely moved. In these cases the amount of effusion, the long and painful character, and the tardy return to its normal outline, have given time for this plastic effusion to become organized, and this must be overcome. Under ether it can be done often very rapidly; but with the McIntyre splint it can be done just as effectively, and without much pain. I have long since ceased to fear a stiff joint, unless there is some unfavorable diathesis.

The foregoing cases offer some valuable material for reflection.

They were stiff and useless for a period ranging from six months to a year, and yet recovered with good motion. This is certainly at variance with quite a prevalent opinion that bony anchylosis will supervene upon fractures

involving a joint, unless the tendency to it is overcome by early persistent motion.

Every effort was made by Prof. Hamilton to prevent anchylosis, but in vain. Both cases defied his best-directed efforts; both became stiff, one for seven and the other for twelve months; and yet, without surgical aid, both fully recovered.

These four most aggravated cases show that a stiffness quite as effective as a bony anchylosis may prevail for a long period, and yet yield to nature's own laws. They show that joints in healthy persons may be fractured, and yet, after long disuse, recover fully their function. It has not been my fortune to meet with a single case of bony anchylosis from a simple fracture in a healthy person.

They teach one not to promise a speedy cure in bad cases, nor to look too gloomily upon the severer ones. I recall two cases of compound injury to the elbow-joint that made good recovery.

They teach that one may undertake to restore such a joint, after a year's disuse, with a fair prospect of success.

They teach that one can testify in court that an arm may still recover, though a year has elapsed from the reception of an injury.

They teach one not to be discouraged if at the end of six weeks passive motion is wholly ineffective or inadmissible.

They teach that there is a time when passive motion will do no good, and that there is a time when it will reward one's efforts.

They teach that if passive motion is neglected for six weeks, and stiffness follows, one cannot therefore say that it was occasioned by the neglect of the attendant, or that if it had been instituted earlier, and perseveringly continued, it would have been entirely arrested. (See first case.)

1328 *Spruce street, Philadelphia.*

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK.

Exsection of the Hip-joint.

Extract from Clinical Lecture by Prof. Lewis A. Sayre, M. D.

[Reported for the Medical and Surgical Reporter, by N. W. Cady, M. S.]

* * * Case 2.—McLaren, Thomas, aged six years. Here is another in the same condition (the third stage of hip disease). I dislike very much that any patient should remain any longer under the anæsthetic, whether it be ether or chloroform, than is necessary. Consequently, as soon as I find the child anæsthetized I commence the operation, whatever it is to be, as soon as possible.

The child is in the third stage of the disease, the same as the one you have just seen, not so far advanced but that you will observe the deformity of adduction, flexion and inversion. There is an unfortunate sinus on the inner portion of the thigh, from which I remove some of this peculiar flaky slough of connective tissue. I am inclined to think that the ilium is more diseased than the head of the femur. I take a point midway between the anterior superior spinous process of the crest of the ilium and the trochanter major; at that place I drive the knife firmly down to the ilium, and then go in a curved direction, midway between its centre and the posterior border, over the top of the trochanter major, curving it forward in a line like the belly of a D, making the incision from four to six inches in length, according to the age of the child. I divide the periosteum firmly in the line of the incision. If you are not positive that you have divided the periosteum at the first incision, make the knife traverse the same line until you are sure that the periosteum is divided to the bone. In making this incision, you will observe that I go through a large abscess. I then take a long curved bistoury, and going in the wound beneath the soft tissues, divide the periosteum in a line transverse to my first incision, as far around the bone as I can reach, in this manner. Now I peel off the periosteum with an elevator.

Some gentlemen have asked me what I am doing; that they cannot see. Well, I cannot see myself. I have an eye on the end of my finger, and that intelligent organ, aided by this spatula, is feeling its way around this bone. It is simply a matter of feeling, that is all. I notice that there is destruction here of the whole front part of the ilium.

[The forceps were here applied to a portion of the diseased bone, but though some force was used the piece failed to come away.]

There is something very curious here. The bone is pressed very firmly in the involucrum around it, and I want to save all that I can. There is an involucrum about the bone, the head is all gone, and the acetabulum is perforated.

[A second application of the forceps brought away the head of the femur, which had been sawed off below the trochanter minor. The firm fixation by the involucrum of new bone had caused the difficulty in extracting it.]

Here is the head of the bone. This is a very instructive case for you, gentlemen. Now you can see at once the utter impossibility of ever replacing the limb in proper position, if we had permitted it to go on by nature's process of curing it.

Now, the dead bone having been removed, and the involucrum which surrounded that dead bone being left, we set about getting his

leg in proper position. We now put him in this cuirass, which is made of wire, in shape not unlike the posterior half of a suit of clothes, with head piece and all. I put some oakum under the seat, for the purpose of keeping it from getting soiled. We now put the child in the cuirass, with a bit of soft cloth between the cuirass and his body. An important point is to have the anus directly over the opening in the cuirass; then the foot piece is swerved down until it fits his well foot properly. He has his well foot now in proper position against the foot-board; a soft pad of cotton is put over his instep, to prevent chafing, and a roller bandage is applied. Before going over the knee I cover it with a layer of cotton, and then with this piece of folded newspaper, pasteboard, or anything to support the leg, and follow it up with the roller bandage. What do I put it there for? It is for the purpose of preventing motion of that knee-joint and thigh. Thus I have a splint in front and the cuirass between, so that when the bandage is applied he is, as it were, perfectly solidified with regard to that leg. Having done that, I carry the bandage up the thigh and then put some cotton in the perineum, and then I carry the bandage over the upper part of the handle of the cuirass, in such a manner as to hold the perineum perfectly firm. It is impossible now to get motion at that knee.

Now the well leg is dressed, as a means of preparing him for securing the sick leg, to which we now turn our attention. We wipe it dry, and apply some strips of adhesive plaster along either side, and secure these to his leg by a roller, leaving, as you will observe, the lower ends perfectly free, and of sufficient length to go around the foot piece. The adhesive plaster is carried well above the knee, and is secured by a roller. It must be carried well above the knee-joint, otherwise you are apt to produce injury to the lateral ligaments. We go up as far as the thigh, and then reverse the plaster strips, securing them, as before, with a roller.

We have now got our extending force applied. We therefore bring the child's foot down against the foot-board, and carry these adhesive strips around it and secure the foot to the foot-board, which you will observe has been screwed up to match the shortened limb. I now make extension on the foot by degrees, waiting for a moment to allow these muscles, which have been so long contracted, to yield. You recollect the leg was adducted, flexed, and inverted. I have taken away the cause of its fixation, and am now endeavoring to restore it to its proper position. If I attempted to extend it too suddenly, I should fail. I do this slowly and by degrees, for it is sometimes necessary to even divide, subcutaneously, the tissues before they can be induced to yield at all. Having now got this limb in a good position, I proceed to secure it with a roller bandage, in the same manner as I secured the other knee, with pads about the knee and foot, to relieve pressure.

Now we are ready to pay attention to the wound. I first pour the wound full of an antiseptic, Peruvian balsam, taking care that it penetrates every part of the wound. Next I take a piece of oakum, and, after saturating it with the antiseptic, carry it down to the very bottom of the wound and leave it there. Now, having filled the wound with oakum, and after placing this large pad of the same material over all, for the purpose of absorbing fluids, I bandage the whole firmly, and our dressing is completed.

[The child was able to be carried about in its "wire clothes" without the slightest inconvenience, and shortly after the operation was put in a carriage and sent to its home, on 21st street. We will give notes of its condition in the future.]

Medical Societies.

CLINTON COUNTY (IOWA) MEDICAL SOCIETY.

The Society met at Gates House, De Witt, October 3d. In absence of the President, meeting was called to order by the Vice President. Minutes of last meeting were read and corrected. Several applications for membership were presented and acted upon. Dr. Langun, of De Witt, presented a case successfully operated on for epithelial cancer.

Dr. P. J. Farnsworth presented a report on the International Medical Congress, which he attended as delegate.

A lively Berkshire pig, of about four weeks, was brought before the Society for the determination of sex. It had the external marks of a vagina and urethra; it also had two well-developed testicles, and, to all appearance, a well-formed penis. The opening into the bladder seemed to be through the female organ. Observation was requested, and a report at a subsequent meeting.

Dr. A. B. Morgan read a paper on "Ununited Fractures," with details of several cases. One in a man of fifty, who had three fractures of the tibia. The upper and lower ones united, and the middle one did not. The man was put on good diet and phosphates, without any result. On inquiry, it was found that when the fracture first occurred the man's wife was just approaching her confinement; that since, what with good living and idleness, his desires had increased, and his connections had been with his wife as often as two or three times each night. Cohabitation was prohibited, and in less than two weeks union took place.

Dr. A. J. Hobart reported operation on two cases of encephaloid cancer

Dr. Morgan reported a case of injury to a man aged sixty-two. He was attacked by a bull, whose horn entered the abdomen just above the crest of the ilium, passing under the muscles and peritoneum, tearing across to the left hypochondriac region. The parts were brought

together, the peritoneum united with three silver sutures, the superficial fascia by several silken sutures. The external sutures were removed in three weeks. A small slough occurred at the right side, but the greater part united by first intention. In six weeks the man had so far recovered as to be on the street. The silver sutures are still in the peritoneum. Carbolic acid and linseed oil were used as a dressing.

Diphtheria was reported as prevailing in the eastern part of the county, at Clinton, and at the centre, at DeWitt, and in the north part; about forty cases in September, with eleven deaths. Scarlatina had made its appearance in Clinton and DeWitt. The general health of the county was reported good.

Dr. C. H. Lothrop, of Lyons, was requested to compile a medical history of the county, in aid of which it was ordered that each physician report what history of facts they could by December.

Appointments for next meeting were made, and the Society adjourned to meet in Clinton, Jan. 4, 1877.

H. S. Farnsworth, *Secretary.*

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, October 11th, 1876. Dr. Charles K. Briddon, President, in the chair.

Morbus Coxæ—Exsection.

Dr. Lewis A. Sayre presented specimens of hip-joint disease removed by exsection.

The first case was a boy, aged six years, who had been complaining for four years. When seen the limb was anchylosed and at an angle of forty-five degrees. Exsection was performed and the child subsequently did well.

The second case was a child four years of age, who had been injured by a fall three and a half years before, and had been complaining ever since. In June last an abscess had formed on the side of the thigh. The limb was adducted. Exsection was performed; great difficulty attended the operation, which lasted one hour. It was found that the acetabulum was perforated; through this opening the head of the femur had become engaged, and was wedged in, so that after section it became necessary to use great force in extracting the necrosed portion. Dr. Sayre stated that these were the sixty-third and sixty-fourth cases respectively of exsection of the hip-joint performed by him.

Dr. Finnell asked Dr. Sayre if he did not think that in many cases of hip-joint disease the operation was performed at too early a period of the disease. He referred to specimens which had been presented at different times before the Society, where abrasion only of the articular surfaces of the bones could be detected.

Dr. Sayre agreed with Dr. Finnell, and said that the operation was indicated only after the appropriate extension treatment of the joint had failed, and when it had become disorganized.

Tænia Solium.

Dr. Beverly Robinson presented a specimen of tænia solium. It was passed by a woman, aged thirty-five, a cook by occupation. Her appetite would often become voracious. The administration of the ethereal extract of the oil of male fern had produced expulsion of the worm. Dr. Robinson had observed that cooks were liable to this disease

Dr. Peters said that he usually gave the male fern in powder, with good results.

Dr. Briddon said that he used the ethereal extract of the oil of male fern, prepared by Merck, of Vienna. Twenty-four hours before administering the drug he gave a black draught and fed the patient on beef-tea, and twelve hours after (*i. e.*, before giving the male fern) he exhibited a dose of castor oil.

Aneurism of Arch of Aorta—Rupture into Trachea.

Dr. Mason presented a specimen of aneurism of the arch of the aorta, and read the following history:—

A woman, aged fifty, was first seen by the doctor on August 31st, 1876. She complained of pain in the region of the scapula, and suffered from cough, dyspnœa and stridulous voice. The pain was felt more keenly after eating. There was dullness of the left side of the chest anteriorly, and the action of the heart was enfeebled. No aneurismal bruit could, however, be detected. She died of rupture of the sac into the trachea.

Post-mortem.—Aneurism of the arch of the aorta was found, having ruptured into the trachea and being adherent thereto. The left pleura contained blood. The right pleura was adherent to the lung, and the latter was increased in size. The peculiarity of this case was the absence of special physical signs.

Dr. Briddon referred to a case of aneurism of the innominate artery, in which no bruit had been detected, though impairment of the voice was quite marked.

Tumor of Inferior Maxilla.

Dr. Post presented a specimen of what he considered an epithelial cancer of the lower jaw. He had removed the tumor from a woman aged sixty-six. It had first commenced at the lobe of the right ear, and had extended forward to the ramus of the jaw, dipping down behind it; was slightly movable, but had no connection with the carotid artery. Dr. Heitzman believed the tumor was a sarcoma.

Rupture of Uterus.

Dr. Finnell presented a specimen of rupture of the uterus. This was a coroner's case, in which a doctor had been charged with killing the mother and child. The woman had been twenty-four hours in labor. The os was slightly dilated and the hand of the child protruded. Version had been performed. Death had resulted from post-partum hemorrhage. At the autopsy rupture of the uterus was found to have occurred near the cervix, measuring two and a half inches.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Dilatation of the Uterus.

Dr. Lombe Atthill, in his address on obstetric medicine before the British Medical Association, says:—

I am well aware that by some practitioners the dilatation of the uterus is still looked on with dread, and that the attempt, if made at all, is undertaken with the greatest hesitation. I can only say that I believe these fears to be groundless, and that, if due care be taken to select suitable cases, and proper methods of carrying out the process be adopted, the treatment is a safe as well as justifiable one. My own experience in the dilatation of the uterus has been great. I have practiced it very frequently, indeed, during the last ten years, and as yet, in no single instance has a bad symptom followed, nor have I even once been compelled to abandon the attempt. But I am far from throwing doubt on the accuracy of the statements made by others, who have recorded the occurrence of alarming symptoms, or even of death, as consequent on the attempt to dilate the cervix uteri; and I am quite prepared for the possible occurrence of such, for all are aware that cases must occur in which the most trifling exciting cause will be followed by serious symptoms, though no grounds existed beforehand for anticipating the occurrence of such. But these are exceptional, and I believe, as a rule, that when serious symptoms arise, either during the process or in consequence of dilatation of the cervix uteri, they do so either because an unsuitable subject has been selected in whom to practice the treatment, or an unwise method adopted for carrying it out. On examining the records of the cases in which serious or unpleasant symptoms followed the attempt to dilate the uterus, I find they have generally occurred when practiced—

1st. Either for the relief of dysmenorrhœa depending on the existence of a narrow cervical canal;

2d. When the cervical canal is encroached on by a fibroid of large size and unyielding structure;

3d. When the process has been attempted to be carried out rapidly by means of metallic dilators, or,

4th. When it has been protracted over several days.

I have, therefore, in order to guard as far as possible against the serious results recorded by others as following attempts to dilate the uterus, laid down for myself the following rules, which I can recommend with confidence to others:—

1. Never to dilate the cervix uteri for the cure of dysmenorrhœa or sterility depending on a narrow cervical canal or conical cervix.

2. Never to dilate in cases in which a large and dense intramural fibroid presses on and partially obliterates the cervical canal.

3. Never to use metallic dilators of any kind, but to choose for the purpose either sponge- or sea-tangle tents, which expand slowly and gradually.

4. Never to continue the process of dilatation for more than forty-eight hours. I prefer, in the few cases I have met with in which, after the lapse of that time, the cervix was not sufficiently opened to suit the purposes I had in view, to postpone all operative interference for some weeks, rather than risk the result by prolonging the dilating process.

With respect to the first of these rules, I look upon the treatment of what is termed "mechanical dysmenorrhœa" by dilatation as altogether a mistake. I doubt if any permanent benefit has ever resulted from it; while in several cases grave symptoms, and in one death, have, to my knowledge, followed the attempt. Equally, it is of importance not to prolong the dilating process. My own experience in the treatment of uterine disease requiring dilatation leads me to to this conclusion, that unpleasant symptoms are likely to occur in a direct ratio to the length of time over which the process of dilatation extends. Again, I have known death to follow the attempt to dilate the uterus in a case where a large fibroid of dense structure, giving rise to menorrhagia, and causing intense pain, was developed in the uterus, and encroached on the cervical canal. In such cases dilatation is doubly objectionable, because the process is useless as well as dangerous; useless, because you will generally find that any attempt at operative interference from the interior of the uterus will be impossible; and dangerous, because inflammation is liable to follow, and that, too, in patients in the worst possible condition for resisting the attack.

Retro-Globar Aneurism with Marked Exophthalmus, Treated by Ligation of the Carotid Artery.

Translated from the French by John B. Roberts, M.D., of Philadelphia.

A miner was buried by a falling mass of coal; there followed severe pain in the head, and twenty-four hours later there was developed a rapidly increasing murmur in the left temple. Gradually marked exophthalmus occurred, without loss of vision, there was slight chemosis and hyperæmia of the conjunctiva, the upper lid was raised imperfectly, and the globe was pushed downward and inward. At the same time the movements upward and outward of the eyeball were limited. By pressure,

the globe could be temporarily and partially returned into the orbit, while pulsation and thrill could be distinctly felt. Pressure upon the left carotid artery was followed by disappearance of the exophthalmus and cessation of pulsation and thrill, all of which recurred when pressure was removed. The diagnosis made was that of diffuse aneurism posterior to the globe; and digital and instrumental compression was diligently applied for ten weeks without result. Finally, ligation of the carotid was determined upon, and was done by the antiseptic method, with carbolized catgut ligature. There was some temporary headache and vertigo, but the wound healed by first intention. Pulsation disappeared, though a slight murmur persisted, and gradually the protrusion of the ball diminished, and its movements returned, though there was transient diplopia.

In six months everything was not absolutely normal, but the cure of the patient seemed assured. There was still a slight murmur, which could be arrested by compressing the right carotid, but this provoked vertigo and swooning, and, therefore, could not be tolerated. The left superior thyroid was greatly developed, and compression there also caused cessation of the murmur, but it was not considered that ligation of that vessel was indicated, because the collateral circulation was very much developed. Dr. Nieden, in a similar case, would only try digital compression for five or six hours before ligating the carotid, in order to avoid too great development of this collateral circulation. The author cites operators who have had negative and positive results from digital compression, and gives the following statistics of the results of ligation of the carotid, without regarding secondary complications:—

79 cases, or 69.9	per cent.,	cured.
14 "	" 12.3	"	without change.
7 "	" 6.3	"	improved.
13 "	" 11.5	"	deaths.

—*Annales d'Oculistique*, lxxv, *p.* 260 (1876), *from Klin. Monats. für Augenheilkunde.*

The Alkaloids of Ergot.

In his late address before the British Pharmaceutical Conference, Prof. Redwood, speaking of ergot, says:—

There has been a long-standing inquiry, with many experiments from time to time made, for the purpose of ascertaining what is the active therapeutical constituent of this drug. The ergot yields to ether about 30 per cent. of a fatty substance, partly consisting of fixed oil, partly of volatile fatty acids, and partly of resinous matter. This ethereal extract was considered by Dr. Wright to be the efficacious part of the ergot, but Neidhardt ascribed the efficacy it possessed to the resin, while others have represented that the fatty matter not only is devoid of hæmostatic properties, but possesses others which are poisonous. From the part of the ergot insoluble in ether but soluble in alcohol, Wiggers extracted his ergotine, which Ludwig represents as modified albumen, insoluble in water, but soluble in alcohol and in caustic alkalies. Bonjean, again, denied the medicinal efficacy of Wiggers' ergotine, and claimed that property and the name for an extract made by percolation with cold water, and evaporation to the solid state after removal of albumen by heat and precipitation of other inert matter by means of alcohol. Subsequently Wenzell obtained two alkaloids, which he has named ecboline and ergotine, both of which are described as soluble in water, with an alkaline reaction and bitter taste. More recently still, Tanret, in a paper read before the Academy of Sciences of Paris, claims to have discovered another alkaloid in ergot, which for distinction he has named ergotinine. It exists only in very small quantity, is strongly alkaline in its reaction, and capable of neutralizing acids. The presence of methylamine at one stage of the process by which this alkaloid is obtained, and the further development of the same amine by the action of potash on the ergotinine, are suggestive facts which will no doubt lead to further investigation. Lastly, we have the announcement, by Dragendorff, that the active principle of ergot is not an alkaloid but an acid, which he names sclerotic acid, and which is present in ergot to the extent of two or three per cent. of its weight. Now, in the face of these various, and to some extent discrepant, results of the attempts made to discover and isolate the active principle of ergot, we may be satisfied for the present to rely on the use of less definite preparations, such as the powder, decoction, or liquid extract.

Therapeutic Uses of Iodoform.

Dr. Lazansky states, as quoted by the *Practitioner*, September, 1876, that the chief modes in which iodoform is employed at present are first externally, in the form of ointment, half a drachm or a drachm being mingled with one ounce of some fatty substance, or in the form of powder, the part on which it has been sprinkled being then covered with a cloth dipped in glycerine, or in the form of a suppository or pessary; and secondly, internally, in the form of pills combined with iron, of mixture in almond emulsion, or of subcutaneous injection. Lazansky had the opportunity of seeing its beneficial effects in Professor Pick's practice when applied to syphilitic ulcers in the early stage, to ulcerations after buboes, to moist papulæ, to ulcerations after cutaneous gummata, ulcers of the feet, etc. Pick employed it in the form of an ætherеal solution in the proportion of 1.15 in a mixture of glycerine and alcohol (iodoform 3, alcohol 10, and glycerine 30, parts), and in the form of pills, each pill containing 1½ grain, and about six or eight being given per diem. Iodoform has no action on the indurations that follow syphilitic ulcers. When first applied iodoform produces a sharp sensation of burning, which quickly passes away and is less strongly perceived when it has

been frequently applied. Inflammatory phimosis following ulcers is rapidly cured by the sprinkling of iodoform in suspension. It is very useful when applied to condylomata, the projecting warty masses drying up and becoming friable, so that they could be rubbed off with the fingers. The symptoms of general syphilis quickly disappeared under the internal use of the medicine. The injurious effects of the remedy observed were diarrhœa, menorrhagia and repeated attacks of iodine acne.

The Diagnosis of Auditory Vertigo.

In an article on this subject before the British Medical Association, Dr. W. R. Gowers stated that the subjects of auditory vertigo, besides their acute paroxysms, are usually liable to slighter but more continuous sense of disturbed equilibrium, taking the form not of a definite movement, but merely of vague instability, and this is in constant relation to the gastric function. The slighest stomach disturbance at once excites the feeling, and careful dietetic management is necessary to keep the patient free from it. Among the points to be specially attended to in diagnosing auditory from pure gastric vertigo are the following. The occurrence of intense paroxysms of vertigo, especially if repeated, is in favor of their labyrinthine origin. In many forms of vertigo, paroxysms occur, but in none so intense as in this form. The character of the sensation is of great significance. When purely gastric, it is usually indefinite; and labyrinthine vertigo is usually definite. There is a sense of movement in a certain direction usually uniform. Often there is actual movement. Lastly, evidence is usually to be obtained of affection of the auditory nerve or apparatus—unilateral, or greater on one side than on the other—tinnitus and deafness. The deafness may be due to atmospheric vibrations, or to those conducted through the skull. The latter, a well-known symptom of labyrinthine disease, is of great service in the diagnosis of auditory vertigo. Two illustrative cases were narrated. In the first, characteristic auditory vertigo coexisted with some other affection of cranial nerves, interference with smell and taste, etc. The patient suffered also from chronic ulcer of the stomach, and the gastric disturbance excited paroxysms of vertigo. The patient always fell to the right and backward, and the right ear alone presented perverted function. Although the special gastric association in this case was accidental, the confusion in diagnosis to which it gave rise was typical, and was only cleared by careful investigation of the form of the vertigo. In the second case, a gentleman aged thirty-five suffered from slight dizziness, with dyspeptic symptoms, to which he ascribed it. On examination, however, there was clear evidence of labyrinthine mischief, and a history of paroxysms of vertigo most characteristic in form. In these he fell to the right, the auditory affection being on the left side. He fell with such violence as to knock down a friend who was on his right side. In other attacks, objects seemed to move from the right, although he did not fall. One severe paroxysm was excited by a hearty meal after long fasting.

Deafness from Post-Nasal Catarrh.

Mr. Lennox Browne, F. R. C. S., read a paper before the British Medical Association, in which he observed that among the commonest forms of deafness is chronic non-suppurative inflammation of the middle ear, which may be subdived into catarrhal and hypertrophic, or proliferous. The former is the most curable, and invariably originates with chronic post-nasal catarrh, which extends along the Eustachian tube to the middle ear. The author of a recent work, the first specially devoted to diseases of the nose, does not refer to impairment of hearing as an almost invariable accompaniment of nasal catarrh, and yet few people have a simple head cold without some dullness of hearing, though it is often not recognized, because not looked for. Many remedies are in vogue, some useless, and others directed only to one of the conditions; thus, if it be sought to relieve the dryness common in these cases, the other extreme is often arrived at, while, if it be attempted to check the amount of secretion by astringents, the dryness is but increased. The practitioner's object must be to render the secretion more healthy in both quality and quantity. Steam inhalations by mouth and nose are of the greatest service to this end. If there be painful inflammation, benzoin, with or without chloroform, is most efficient. If a stimulant be indicated, benzole, creasote, and pine oil, with aldehyde, are the best suited. The author drew attention to the absurdly unnecessary number of formulæ for stimulant inhalations, given in a special *Pharmacopœia* for throat diseases, and asserted strongly that such needless enumeration could have no end but to embarrass the practitioner. The patient during inhaling should be instructed to practice the Valsalva method of inflation, and Politzer's inflation might also be concurrently employed. Frequent catheterization of the Eustachian tube was unnecessary, and in the author's opinion positively harmful. The anterior nasal douche of Weber was most useful in some cases, but it was generally commenced too early in the case. It frequently caused pain, and sometimes increased or induced deafness, and in other cases failed to reach the seat of disease. The first of these objections might be obviated by regulating the quantity, specific gravity, temperature, and frequency of employment of the douche; but in some instances this method was decidedly harmful, and they were only cured by the post-nasal douche, as largely employed by American physicians. The author considered carefully the evidence of Drs. Roosa and Elsberg for and against the use of the anterior nasal douche, and quoted cases in his own practice which had led him to concur with the former.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——It is said of Galen, that since the Sixteenth century there have been but two complete editions of his works: that of Chartier, which also included the Hippocratic treatises (1630–1679), and that of Kühn (1821–1833), neither of them satisfactory. At length, however, we are to have a Galen which shall take rank with the two classic editions of Hippocrates, that of Littré and that of Emerins, and in Professor Müller's amended Greek text, or his (on the whole) accurate Latin version of it, the scholarly physician can instruct himself with ease and comfort as to the doctrines of the medical autocrat of the middle ages.

——The address of Dr. Thomas M. Drysdale, before the Medical Society of the State of Pennsylvania, is largely historic. We quote one passage which we believe is pretty nearly correct:—

"Can we really learn more in Europe than in this country? As late as twenty-five years ago this would have been answered most decidedly in the affirmative; but now, except in a few special studies, we can truthfully assert that our facilities are equal to theirs. What has been said in regard to our institutions need not be repeated, but it may be affirmed, that our city rivals, as a place for medical instruction in all the practical branches, any other city in the world.

——"The Forceps in Breech Deliveries, with a Description of a New Instrument," is the title of a paper from the *Transactions* of the Ohio Medical Society, by A. J. Miles. The instrument is a "breech forceps" of ingenious construction.

BOOK NOTICES.

A Century of American Medicine, 1776–1876. By Edward H. Clarke, M. D.; Henry J. Bigelow, M. D.; Samuel D. Gross, M. D., L. L. D., D. C. L.; T. Gaillard Thomas, M. D., and J. S. Billings, M. D. Philadelphia, H. C. Lea, 1876. 1 vol., cloth. Small 8vo, pp. 366.

This excellent summary of medical progress in the United States during the last hundred years has been compiled by very able hands, as the above list of names abundantly testifies. Each takes a separate department: Dr. Clarke, Practical Medicine; Dr. Bigelow, The Discovery of Anæsthesia; Dr. Gross, Surgery; Dr. Thomas, Obstetrics and Gynecology; Dr. Billings, Literature and Institutions. The utmost brevity is observed, indeed, often to the extent of rendering the narrative a rather dry list of facts. These, however, are most carefully collated, and with abundant references to the sources of information, so that he who would push his studies further can find the direction in which to work.

A very thorough index would have added vastly to the worth of the book. It has none at all.

Transactions of the Texas State Medical Association. Eighth annual session. 1876.

This well-printed volume, filled with a number of meritorious contributions to science, is highly creditable to the Texas Medical Association. We may enumerate some of the articles which have impressed us as the more interesting: one on the Hymen, by Dr. S. R. Burroughs; on the Indigenous Medical Resources of the State, by Dr. A. R. Kilpatrick; on the Anatomy, etc., of the White and Negro Races, by Dr. W. J. Burt; on Dislocations of the Humerus, by Dr. Greensville Dowell; on Retained Fœtus, by Dr. A. E. Ford; on a Case of Double Vagina, by Dr. J. W. Fennell; on Tracheotomy and Lithotomy, by Dr. B. F. Eads; and a prize essay on the Eucalyptus Globulus, by Dr. Richard Bibb, in which he has collected a vast amount of information about that interesting tree.

Hygeia, A City of Health. By Benjamin Ward Richardson. London, MacMillan & Co. Paper, pp. 47. Price 30 cents.

This is a curious and fanciful portraiture of a city in which all the precepts of enlightened sanitation are observed. We quoted from it when its author delivered it last year before the Social Science Association. Since then the English papers state an actual attempt has been put on foot to realize the philanthropic dream. This gives still more interest to it, and those who have the duties of attending to the public health upon their shoulders will do well to read its pages. Although they will not always agree with the talented author, they will have to thank him for suggestions as to means and a clear insight into ends.

THE

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THERAPEUTICS AS A LOCAL ART.

Pursuing the reflections on therapeutics which we commenced two weeks ago, we may recall that the "basis of therapeutics" was there defined to be nothing else than observations of the effects of medicines administered in diseased conditions. Such observations require, of course, to be classified and qualified according to the approved methods of inductive logic. Last year we gave a series of articles explaining the application of these methods to medicine, and we showed that it was largely owing to an ignorance of them that so much of medical literature is of no real value.

An instance of this may be recalled. Experience is a sure guide only when it can be applied under identical conditions. In a game of pure chance no amount of experience adds a particle to the probability of success on one or the other side, because the determining conditions are unknown. Now, in every case of disease there are always a certain number of conditions unlike those of every other case of (nominally) the same disease. As this number is larger, the experience brought to bear in the treatment is of less value.

Among these conditions, those of personal idiosyncrasy, sex, age, diathesis, temperament, stand first; then those of race, climate, occupation, habits, and surroundings generally. These latter are so powerful that it is a subject of serious doubt whether just the same treatment in any disease would bring the same results the world over. Certain it is that the most eminent clinical teachers of Europe are not the best guides in this country. This constitutes a serious objection to the too ready acceptance of their dicta on this side the Atlantic. Dr. J. A. Larrabee very forcibly and very justly says, in the *Transactions* of the Kentucky State Medical Society, 1875 (page 99): "Few practitioners of experience in this country would be beguiled into the treatment of pneumonia, typhoid fever and scarlatina laid down by German authors in "Ziemssen's Cyclopædia of Medicine." Yet, doubtless, enough inexperienced men will follow the methods advocated in that work to render its translation, on the whole, detrimental to the progress of sound therapeutics in the United States.

The popular prejudice which prefers a native-born physician, "one who knows the diseases of the country," is a just one. The profession of medicine is, as Erasmus called it, a *Viaticum ubique terrarum*, but at the expense of the patient. It was acknowledged by the French surgeons in the Italian campaign, 1848–50, that their success with their own soldiery was much less than that of the Italian doctors, although in Algeria they were on a par. Nothing is more natural. Dr. L. A. Duhring, who has studied so closely, both in Europe and this country, the diseases of the skin, states emphatically that the same nominal lesion is markedly different in the two continents. The effects of the cinchona alkaloids on the prophylaxis and treatment of malaria are unquestion-

ably widely different in temperate Europe, tropical Africa and the Lower Mississippi. The observations of the English surgeons leave no doubt of this. The hot debates about alcohol in disease never can decide any general principle, for it is notorious that race and climate modify, in the most striking manner, the influence of that substance. The utter discrepancy between the mercurial and non-mercurial therapeutists of syphilis respectively at the south and north of Europe, "all honorable men," must have some unrecognized condition of race to explain it.

In the above we have said nothing of a "change of type" in disease, which, if it does take place, certainly cannot do so over the whole world at once and with equal progression. Nor have we adverted to the changes in the drugs administered, due to the varied forms in which they are given, the action upon them of thermometrical and hygrometrical conditions, etc. All these come in to give a local color, and that a decided one, to the results of what seems similar medication.

We pass over these in order to expose more prominently the conclusion we wish to present. It is briefly this:—*Therapeutics is and must ever remain to a large degree a local art.* No one great university will ever define its principles for the civilized world. Foreign writers are not trusty guides in treatment. We must cultivate a home literature, home schools, home doctrines. The profession in Australia, in Costa Rica, in the United States, has in each the arduous labor of working up its own therapeutics in order to have it what it should be. Each separate physician must study his surroundings, and modify what he hears and reads by the dictates of his own observation. If because he reads that an eminent German physician treats all his typhoid patients with abundance of calomel and cold water with great success, he feels impelled to do likewise, he shows little wisdom in departing so far from the local customs of treatment. These have grown up as indigenous results of experience, and to root them out in order to put exotics in their place is folly. Physicians of discretion will prefer the medical books and journals of their own country to reprints and translations from abroad; this preference, in turn, will encourage native authors to more devoted labor, and important results will be more quickly achieved; the profession will thus be more highly educated in practical science; and the public will be benefited just in that proportion.

Notes and Comments.

Fat Meat as an External Application.

In the *Virginia Medical Monthly*, Dr. W. T. Ennet, of North Carolina, relates the following experience in diphtheria:—"My aunt, who was in Hartford two years ago, when the disease was raging so terrifically there, being at my house this summer, when it was killing whole families in Wilmington, and was also terribly fatal to the surrounding country, asked me to try the Hartford doctors' treatment, which was the same as ours, with the exception of external application of 'fat meat.' I could not nor cannot see the virtue, but promised to try it; I used it, and my patient got well. I still did not look upon it as affecting the disease at all. I used it again and again, and the patients all got well. I tried to study out some physiological action, but could not. I wrote to an eminent physician in Hartford, and he writes me, 'We regard it as an old woman's remedy; but the doctors all use it, and since its use the mortality has not been more than one-third. What it is and why it is, I don't know; but might it not have some antidotal action on the poison?' Since then, I was called in consultation in the adjoining neighborhood, where the attending physician had lost three or four in the one family, and another patient was almost dead. I was almost ashamed to recomend my fat meat, but I did it, and the child got well. Of course, we used all other necessary treatment. I certainly did not rely upon it alone; but, as it cannot possibly do any harm, I shall continue to use it as an external application."

Professor J. Lewis Smith, of New York, considers fat salt pork to the throat very valuable in anginose scarlatina. He finds it a safe

and efficient counter-irritant, so decided in action that some skins cannot support it but for a short time.

The Management of Chlorotic Anæmia.

We learn from the London *Medical Record* that in this disease in young girls M. Beaumetz is much better satisfied with gymnastic exercise and hydrotherapy than with ferruginous medicines. Moreover, if the latter are oftener powerless in chlorosis, they produce harm by disturbing the digestive functions. Arsenic is of more value than iron.

M. Moutard-Martin considers that ærotherapy, in the form of baths in compressed air, is even better than the hydrotherapy proposed by M. Beaumetz.

The following is a favorite formula with English practitioners:—

℞.	Ferri redacti,	ʒj	
	Canellæ pulveris,	ʒss	
	Aloës socotrinæ,	gr.vij	
	Extracti taraxaci,	q. s.	M.

Divide into thirty pills, one to four a day in chlorosis accompanied by constipation.

Hydrate of Chloral in Puerperal Convulsions.

Dr. Chouppe states, in the *Gazette Medicale*, having had the opportunity of observing carefully a considerable number of cases of puerperal convulsions, he has come to the conclusion that, of all the means we possess, the hydrate is the most reliable for treating this disease. In twelve cases in which it was alone employed the termination was successful, although in some of these the state of things seemed desperate when it was commenced. He thinks, indeed, that it should be resorted to even before the disease becomes confirmed, whenever the woman, exhibiting albuminuria and œdema, complains of headaches, singing in the ears, hallucinations of vision, restlessness, cramps, or vague pains in the limbs, etc. When there is trismus present it should be given in enemata, which have also the great advantage of being able to be given during the paroxysm. The doses will vary according to the tolerance of the patients and the severity of the paroxysms, but it is necessary to commence with a pretty strong one (especially if the paroxysms are violent and close upon each other), in order to make a powerful and quick impression. After a calm has been obtained, and if the attacks do not recur, some smaller doses may be given during the next twenty-four hours or so; but if the attacks recur, large doses must again be resorted to until the paroxysms have completely ceased. In an enema we may always begin with thirty grains, repeating this at the end of ten minutes; and by the mouth at least forty-five grains should be given at once, fifteen grains being repeated every quarter of an hour. In a violent attack the dose required will vary from 120 to 180 grains; and it may even be requisite to resort to hypodermic or intravenous injection. In all cases it is of importance to get at least sixty grains rapidly taken, and to prolong the use of the chloral for a tolerably long time after the cessation of the convulsions.

Fluid Extract of Hydrangea Arborescens.

This valuable remedy, first introduced by the late editor of this journal, may be prepared by the following formula, given by Dr. John King:

℞.	Hydrangea root, powdered finely,	℥xvj
	Alcohol,	
	Diluted alcohol,	ää q.s.

Moisten the powder with alcohol; after twenty-four hours pack it into a percolator, and add enough alcohol to obtain twelve ounces of percolate, and set it aside. Then add diluted alcohol until the root is exhausted, evaporate this to four fluid ounces, and add it to the twelve fluid ounces first obtained, so as to make one pint of fluid extract.

In the absence of an authoritative formula, the syrup of hydrangea might be made by mixing two fluid ounces of the extract with fourteen fluid ounces of simple syrup.

A Formula for Ergotin.

The following formula is offered by Mr. Charles L. Mitchell. He states that after numerous trials he can say that it yields a result in every way satisfactory:—

℞.	Ergot, in fine powder,	℥viij
	Acetic acid,	f.℥ij
	Alcohol,	f.℥iv.

Moisten the ergot with a mixture of the acid and eight fluid ounces of water; let it stand twenty-four hours; pack in percolator, and exhaust with water; evaporate to four fluid ounces, add the alcohol, let it stand several hours, filter and evaporate to an extract. Result, about 480 grains; one grain is equal to eight grains of ergot.

Transmission of Measles to the Lower Animals.

An interesting case of this nature is described in a recent report of the London Epidemiological Society, quoted by the *Medical Press and Circular*. A dog licked the hand of a child lying in bed, on whom the measles eruption was at its height. Twelve days later the dog sickened, and suffered for two days from nasal discharge, and four days later died, with marked congestion of the throat and air-passages. It has been held by some authorities that measles in man is the analogue of distemper in dogs; indeed, it has been urged that they are the same diseases; but this case contradicts such a view, for the dog in question had, four years previously, gone through an attack of distemper, and although second attacks of the various eruptive fevers are common enough in children, second attacks of distemper are rare among dogs, while such second cases, when they do occur, are invariably of a slight and temporary nature.

The Use of Conium.

Dr. A. M. Hamilton says that in the treatment of diseases where tremor is a symptom, much benefit has followed the use of conium at the female epileptic and paralytic hospital on Blackwell's Island. In two cases of chorea of long standing it produced a prompt amelioration of the patients' condition, and in the tremor of sclerosis it suppressed the movements for several weeks. It was given in the form of fluid extract, in doses of ɱx three times a day.

Vegetable Diet for Epileptics.

An eminent physician, of Boston, of the last generation, was accustomed to put his epileptic patients on a vegetable diet. Dr. Merson gives, in the last volume of the West Riding Reports, a series of experiments he has made on this subject. From a review of the whole evidence furnished by his observations, Dr. Merson concludes that there are fair grounds for the deduction that farinaceous food is more suitable for epileptics than a mixed or nitrogenous diet.

Disagreeable Effects of Guarana.

According to a German authority quoted in the Boston *Medical Journal*, guarana is contra-indicated in that form of headache which is chronic, because it increases arterial tension by excitement of the heart, and elevates the temperature by exaggerated oxidation. Even after its use in neuralgic headache, phenomena of its poisonous action may be observed from the appearance of a *malaise* more distressing than the headache which has disappeared under its remedial agency. A certain patient suffering from facial paralysis due to a central lesion took guarana with the effect of producing redness of the face, staring eyes, slight irregularity of the pulse, moisture of the skin, delirium, dullness of hearing, and vesical and intestinal spasms. Dysuria is a frequent phenomenon.

Chloral in Ulcers.

Dr. W. M. Wright, Surgeon and Secretary of the National Home for Disabled Volunteer Soldiers (Southern Branch), Hampton, Va., writes us:—

"I find nothing so valuable in the treatment of old indolent ulcers, not dependent upon necrosis, as a local application of a solution of hydrate of chloral. Among the old soldiers of our home we have a great variety of such cases, and I find nothing improves their condition better and more rapidly than the above."

On Chewing Gum.

This peculiarly American habit seems on the increase. Many thousands of pounds are consumed annually. The tree is found in many parts of the Southwest. The gum exudes through cracks in the bark at all seasons of the year, and hardens on exposure. It is soluble in alcohol, and makes a smooth, pleasant syrup. It is collected and shipped to the "chewing-gum manufactories," which put it up in convenient packages and send it to the retailers.

Salicylic Acid Salts.

Prof. Maisch, of this city, not long since stated his belief that if the estimate of Prof. Kolbe and others as to the virtues of salicylic acid are to be of value to physicians, they must use it in the free state, as this is the only way in which it is effective; if salts are employed to effect a more ready solution, some chemical change is most probably the result. On the other hand, salicylate of sodium, when treated in aqueous solution with carbonic acid, is decomposed, yielding free salicylic acid. Since carbonic acid is continually formed by the various tissues, the blood, notwithstanding its alkalinity, contains a certain quantity of carbonic acid in the

free or continually dissociating condition, and for these reasons Prof. Binz believes that salicylates are not without action when taken internally. This view is strengthened by the antiseptic action observed in liquids capable of putrefaction, urine for instance, when mixed with salicylate of sodium and carbonic acid.

In this connection we may add that in the *American Journal of Pharmacy* Mr. Charles Becker states that:—"When one part of salicylic acid and two parts of olive oil are heated together they form a homogeneous mixture, admirably adapted for application to surfaces. The oil will separate to some extent on standing for a time, but agitation will easily combine it again."

The Mad-stone.

The description of the "Mad-stone" we published lately (cur. vol. p. 189), from a gentleman in Iowa, has attracted very diverse criticism. The *Druggists' Circular* says on the subject:—

"The reputed efficacy of these stones against bites is generally attributed to their porous nature, which enables them to absorb with extreme rapidity all the venomous or virulent matters left in the wound. As to their origin, the opinion that they are of animal and not of mineral creation is probably correct. We should not be surprised if they were in fact only a variety of the bezoars, once so celebrated in ancient medicine."

It appears from a passage in Holmes' "Surgery" that the natives of Hindostan make use of a similar stone to extract and annul the virus of poisonous snakes.

The Effects of Physical Culture.

It is stated in the *Scientific American* that an official inquiry into the results of gymnastic exercises has recently been instituted at a military gymnastic school in France. The results of the inquiry, which extended over six months, established: 1. That the muscular force is increased, on an average, 15 to 17 per cent., and occasionally from 25 to 30 per cent., while the force has, as we might expect, a tendency to become equal on both sides of the body. 2. That the capacity of the chest is increased by one-sixth at the lowest. 3. That the weight of the individual is increased from 6 to 7 per cent., and occasionally from 10 to 15 per cent., while the bulk of the body is diminished, thus showing that profit is confined to the muscular system. The increase of muscular force was generally confined to the first three months of the course. During the last moiety a serious diminution usually occurred; and here the dynamometer gave positive indication of the necessity of moderating or suspending the exercises.

Antidote to Nitrite of Amyl.

In the course of a discussion on nitrite of amyl, reported in the Proceedings of the Medical Society of the County of Kings, Dr. Squibb proposed the use of hyponitrous ether as an antidote to the nitrite.

"Hyponitrous ether, the potent ingredient in spiritus ætheris nitrosi, appears to have the almost absolutely opposite physiological effect to amyl nitrite; it contracts, while the latter expands, the capillaries; it causes a blanched and shriveled look. This suggests its use in the event of over-intoxication by amyl. The commercial spiritus ætheris nitrosi contains more alcohol than is required by the pharmacopœia, and less of the ether; it, therefore, is frequently disappointing in the treatment of ephemera and the like; it is falling into disuse."

Pycnanthemum Linifolium.

Mr. Charles Mohr stated at the meeting of the American Pharmaceutical Association that this plant is used in Alabama for debilitated and impaired conditions of the digestive organs by the negroes of that section. In attempting a chemical examination the author obtained an acid which by all the tests given appears to be identical with caffeotannic acid. Besides this acid were found volatile oil, a caoutchouc-like resin, chlorophyl, a bitter resin, coloring matter, gum and sugar. The writer gave also a very complete botanical description of the plant itself.

The Nature of Ergotin.

According to the German chemist, R. Buchheim, ergotin belongs to the class of putrid products, and it is possible that we shall be able to obtain it from other sources than the rye fungus—for instance, from putrid blood, a body having similar properties. It is itself a substance closely resembling animal gelatine.

Correspondence.

The Prevention of Post-Partum Hemorrhage.

Ed. Med. and Surg. Reporter :—

A short sentence uttered by Dr. Fitch, of Illinois, during a discussion of hemorrhage, at a session of the Obstetric Section of the American Medical Association, has very much occupied my thoughts since reading said discussion. The sentence was composed of only four words, "prevent hemorrhage by anticipation." In former years I was very much annoyed and frqeuently much alarmed by after hemorrhage, but for the past fifteen years I cannot call to mind a case in which I have been alarmed or even annoyed by it, and simply because I always aim to prevent by anticipation. My plan has been this, as soon as the child is born, before I proceed to remove the secundines, I place my patient in a horizontal position, removing everything from under the head and placing it at least on a plane with the body, or if any difference, a little lower. I generally let my patient remain in this position for one and a half to three hours, depending upon circumstances; then I direct the head to be raised gradually by the addition of a small pillow at a time, until she has recovered a comfortable position. By this means I think I have been able to "prevent hemorrhage by anticipation" most successfully. J. E. Lyons.

Huntington, Indiana, October 25th, 1876.

Singular Injury of the Abdominal Walls.

Ed Med. and Surg. Reporter :—

I take this opportunity to report a remarkable case I saw the other day :—

Madam José Frujé, now aged about fifty, and the picture of good health; has thirteen living children; has lost several, and has been enceinte twenty-four times. When a young girl she was struck by the end of a buggy shaft, over the region of the stomach, so forcibly as to rupture the abdominal muscles, but left the skin unbroken. Through that at first small orifice a protuberance of the size of a very small egg appeared; it remained about the same until she married, and became pregnant, when, during each gestation the opening became enlarged, until now the stomach, and all the small intestines, and maybe more, hang outside of the abdominal cavity, in a sack of the skin, about eighteen inches long and twenty-four inches in circumference. She wears a belt to suspend her bowels around her neck; is active and cheerful as a girl; laughs at the idea of packing her bowels about her. She says when she drinks a glass of cold water, and lays her hand over the stomach she can feel the temperature of the water very sensibly. D. W. Foster, M. D.

Ville Plate, La., October 19th, 1876.

News and Miscellany.

Personal.

—We mentioned, a few weeks since, the death of Prof. Gustave Simon, of Heidelberg; some further account of the close of his useful life may be interesting. Since 1870 he has suffered more or less from ill-health, and had gradually to withdraw from active work. In December, 1875, he resigned his chair at the University, but was able to give consultations at his house, and even to perform the smaller operations. But the dyspnœa, from which he suffered, grew upon him, although the enforced rest for a while seemed to do him good. On August 27—he had been feeling unusually well this day—an attack of intense dyspnœa came on during the evening; he was quite conscious, and earnestly besought his medical attendant to perform tracheotomy. This was done, and relieved him. He appeared to have been altogether uncertain as to the nature of his own illness, though so acute in the detection of disease in others. At the post-mortem examination there was found extensive œdema of the lungs, the result of aneurism of the descending portion of the thoracic aorta, which was almost completely filled with clot. Dr. Simon's chief works are the following :—"Contributions from the Clinical Wards of the Rostock Hospital, 1868;" "The Introduction of Long Elastic Tubes into the Intestine, and the Forced Injection of Water;" "The Surgery of the Kidneys" (which contains a case of successful kidney extirpation), part 1. He was occupied with part 2 of this remarkable work even on his deathbed, and it is hoped that it will soon be published, as much of it is completed. He invented also, as a method of examination of the abdomen, the gradual dilatation of the rectum, and the introduction of the whole hand.

The Temperance Question at Brussels.

At the "Congress of Public Health," which recently commenced at Brussels, an active discussion on intoxicating beverages took place. Dr. Crocq, Professor of Medicine at the University, and a physician of considerable repute, averred that alcohol produces worse lesions than arsenic, and that a drunkard died at the age of forty with an emaciated and feeble body, and pointed out the especially destructive effects of absinthe—an abominable beverage, happily almost unknown in this country. Dr. Crocq is convinced that within the last thirty years the consumption of alcohol had increased to an extent that greatly augmented the amount of mental disease existing in Europe. The hospitals, he stated, are full of such cases. Mr. Hoghe was inclined to the belief that it was not alcohol which worked the mischief, but the deleterious ingredients introduced into spirituous drinks, especially when new, and he thought that a "sanitary police" should prevent the sale of

drinks until they have been allowed to soften with age. The discussion on this important subject lasted for some hours, the general opinion appearing to be, not in the direction of teetotalism, but in favor of the moderate use of beer, wine, and spirits.

Anæsthetics—Questions by the Surgeon-General.

With a view of collecting precise data relative to the effects of chloroform and ether, the Surgeon-General of the Army has issued a circular directing medical officers to record, during the year 1877, the cases in which recourse is had to anæsthetics, noting the following particulars:—Name and age of subject, nature of the anæsthetic, the quantity used in maintaining anæsthesia, the time required to induce complete insensibility, the time the anæsthetic influence was maintained, the mode of administration, and whether vomiting, excitement, or great prostration, was observed during or after the administration.

Arab Faith in Medicine.

The Arabs in general constantly have recourse both to charms and to medicine, not only for the cure, but also for the prevention of diseases. "They have, indeed," says Lane, in the notes to his translation of the "Arabian Nights," "a strange passion for medicine, which shows that they do not consider fate as altogether unconditional. Nothing can exceed the earnestness with which they often press a European traveler for a dose; and the more violent the remedy the better they are pleased. I was applied to on behalf of three donkey-drivers supposed to have been poisoned. I gave the applicant three strong doses of tartar emetic, and he soon came back to thank me, saying that the medicine was most admirable, for the men had hardly swallowed it when they almost vomited their hearts and livers, and everything else in their bodies."

Madame Hutin's Cologne.

This fragrant lotion is still popular in New York. It was first used by Madame Hutin (afterward Madame Labasse) about 1830. She was a celebrated French dancer on the stage in New York.

℞.	Oil of lavender,	ʒvj
	Oil of lemon,	ʒvj
	Oil of rosemary,	ʒij
	Oil of cinnamon,	gtt.xx
	Alcohol,	Ovj.

This, although very weak, was doubtless refreshing when used, as it probably was, freely, to wash with after severe exertion.

A well-informed perfumer says that it would answer the original design of cologne water, viz., as an application for the relief of headache, or for the use of the sick room, where the ordinary sweet colognes are only deleterious. He says that oils of lavender and rosemary are always refreshing, while the sweet perfumes are often sickening to a weak person.

The Health of Philadelphia.

The health of the city continues surprisingly good, and, in spite of the large number of visitors and the generally unfavorable character of the season, the mortality is remarkably low. Physicians here have to read the New York papers in order to learn that any "Centennial" or other fever is rife in Philadelphia. The strong imaginations of sensational reporters, and not sewer gas, is the sole etiological factor of this new disease.

The prevailing good health is the more noteworthy, as throughout the State malarial diseases have been unusually common this fall.

The Yellow Fever.

The yellow fever deaths in Savannah have decreased to five or six a day. The epidemic is substantially over. We hope a careful history of it will be laid before the profession.

Utilizing the Ague.

The Chicago *Journal* says the people of that State are smart enough to turn even the ague to account. It relates this narrative in point:—

"Your husband is sick a good sight of late, ben't he?" remarked a Southern Illinois woman to another, one day last week.

"Yes," answered the wife, "he's got tuk down mighty hard with them 'ere ager shakes agin."

"I shud think it 'ud be sorter distressin' like ter have 'round the house," remarked the other, sympathizingly, "spec'ly when yer house-cleanin."

"Wal, so it wud be," responded the wife, in self-consoling tones, "but when he's got inter one of his chills, and I want the rag carpet shuk, yer see he's a powerful smart hand ter hitch onto it."

QUERIES AND REPLIES.

Carthagena Bean.

Aretus.—"Can you tell me the botanical name of the 'Carthagena bean' and its uses?"

Reply.—It is the fruit of the *Bactris major*, a species of palm, and is employed as an antidote to the bite of venomous serpents. We do not know of any scientific investigation of its properties. Perhaps some of our readers do.

DEATHS.

RAFFERTY.—In Palestine, Illinois, on Thursday, October 12th, at 4 A. M., of entero-colitis, Madge Shore, youngest daughter of Dr. T. N. and Sade E. Rafferty, aged one year and twenty days.

THE

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REMARKS ON NEGLECTED GLAUCOMA.

BY H. S. SCHELL, M. D.,

Ophthalmic and Aural Surgeon to St. Mary's Hospital, Philadelphia, Pa.

Although many physicians pass through their professional lives without even seeing a case of glaucoma, it cannot be considered a very rare affection. It occurs in something less than one per cent. in all cases of diseases of the eye, at least in so far as they come under treatment by the ophthalmologist.

Nevertheless, the final result of the disorder is so baneful, and the onward course to this termination, if unchecked by appropriate treatment, so inevitable, that these considerations may possibly serve as an apology for thrusting so trite a subject upon the notice of the reader.

Two cases in which the nature of the affection had been overlooked have come under my observation very recently. The first one was that of a lady, fifty-three years of age, residing in a town in the interior of this State, who had been attacked six months before by violent pain in the right eye and temple. She was treated for neuralgia, and although she noticed her sight becoming dim, no action was taken, and in two months the eye was blind. Recently there has been pain about the left eye, the sight was found to be failing, and now, becoming thoroughly alarmed, she hastened to the city for advice. When first seen, the right eye was without perception of light, of a stony hardness, cornea insensitive, pupil dilated and greenish, iris motionless, and conjunctiva inflamed. In the left eye, with $\frac{1}{\infty}$ V. $= \frac{20}{\infty}$, field much contracted, tension increased, disk cupped. Iridectomy was immediately performed in both eyes, but vision was not improved. The right eye, remaining troublesome, was excised.

The other case was still more unfortunate. A young farmer, only twenty-two years of age, was, when I first saw him, quite blind in the left eye, and could scarcely count fingers at one foot distance with the right. The globes were of a stony hardness, the optic disks deeply excavated, and the visual field in the right eye very small. The account he gave of himself was that he had long suffered great pain in the temporal region, radiating often over the whole head; that his sight failed gradually, commencing about two years before, apparently during convalescence from an attack of acute rheumatism. Iridectomy was immediately performed on both eyes, with the effect of relieving the pain, reducing the tension and in the right eye, after some time, of enlarging slightly the visual field, but without increasing the sharpness of sight.

Glaucomatous patients usually make their first appearance complaining of great pain about the eye, or of failure of vision, and often of both troubles. In the great majority of cases, however, headaches of a neuralgic character usher in the disease. The pain is located about the temple, or in the ball, radiates in various directions, is paroxysmal in character, and is often most intense.

Sooner or later, in the course of these attacks, the sight becomes impaired, the rapidity with which the failure of vision supervenes appearing to be in direct proportion to the amount of

inflammatory action, in the eye's interior, accompanying the malady. In some exceptional instances, the inflammation is so intense that the eye becomes blind in a few hours. In a certain number of cases, on the other hand, there is, apparently, an entire absence of inflammatory action; the process is unaccompanied even by pain, and the loss of sight is so slow and gradual that it is unnoticed even by the patient himself, until a large portion of the optical sense is gone. Usually, however, the patient's attention is called to his condition by finding himself rapidly growing far-sighted, so that he has constantly to hold his book or paper at increasing distances, in order to see it distinctly. In the healthy eye, presbyopia comes on very slowly. At 40 years of age the nearest point of distinct vision is about nine inches; at 45, about eleven inches; at 50, about sixteen inches; at 55, about twenty inches, and so on; but in glaucoma the patient often finds himself increasing the strength of glasses at intervals of months, or even weeks only. In addition, there is generally complaint of a foggy state of vision, and of a prismatic halo surrounding any flame. Deceptive sensations of gleams of light are often annoying.

The preceding short enumeration of symptoms probably includes pretty much all the patient will be able to tell of himself when he applies for relief. But when the surgeon examines the eye involved, he sees evidences of disturbance in the circulation of the organ. These appearances vary in degree, from a number of distended and tortuous veins twisting about over the white sclerotic, to the well-marked episcleral zone of iritic inflammation, accompanying which there is often turbidity of the refractive media and congestion of the conjunctiva. This cloudiness of the dioptric media often causes a greenish reflex from the now dilated and motionless pupil, which originally gave the name to the disease, glaucoma, or green cataract.

The surgeon will also find, by gently palpating the eye by means of the tips of the two forefingers, through the gently closed lids, just as if it were an abscess, that abnormal hardness exists in the organ. The degree of this hardness can be made evident by comparison with a healthy eye, and generally increases according to the degree of inflammatory action and the progress of the disease. It is usually accompanied by anæsthesia of the cornea, so that the patient is not aware when that portion of the eye is touched with a slip of paper. This tense condition of the globe, the result of internal pressure, causes also a shallowness of the anterior chamber, and a sluggish, perhaps immobile pupil, which looks as if it were pressed almost against the cornea.

Another important symptom is the limitation of the field of vision, which can be roughly determined by sitting opposite the patient, about two feet distant, and directing him to look, with the eye to be examined, steadily into your own opposite—with his left into your right, for instance—while his right and your left are to be closed; then taking some small, bright object in the hand, it should be passed in all directions in the plane at right angles to a line from the patient's eye to your own, and half-way between them. In this way any wandering of the patient's eye from the point of fixation is readily detected, and his field of vision can be compared with that of the surgeon. When the glaucomatous eye is tested in this manner, the field will be found contracted. The limitation begins generally on the nasal side, but the area of perception grows smaller on all sides as the affection advances, until the only sight left is in a small spot at the point of fixation, and even this is finally lost.

From the foregoing brief description, it may be seen that the diagnosis of glaucoma can, in most instances, be very readily made without the ophthalmoscope, and this is the more important, as that instrument is not in the hand of every practitioner. Besides, the physician who has one, and is sufficiently familiar with its use to be able to distinguish between a glaucomatous excavation of the optic disk and a physiological cup, will probably gain little by the perusal of this article. Nor would it be necessary to remind such a one that the pulsation of a retinal vein is often a perfectly innocent phenomenon, but that the rhythmical beating of the adjacent artery is a signal to prepare for the knife.

It is not pretended that all the above symptoms occur in every case. As in other diseases, so in this, there is no hard and fast line limiting its indications; but they may merge on one side into those of ordinary inflammation of the iris, or deeper structures, on the other side into atrophy or senile involution.

The affection once started, its ultimate destination, if not stopped on the way, is in

absolute blindness. It reaches this result either slowly and steadily, or by means of occasional inflammatory attacks, with intervals of remission, and progresses rapidly in direct proportion to the severity of the attacks. The variation in the course of the disease, in different instances, has given rise to a classification, but practically every case must be judged by itself, and we must be governed in our haste to afford relief entirely by the acuteness of the symptoms.

Glaucoma appears, as a rule, to occur in small, hypermetropic eyes with a rigid sclerotic, mostly a hereditary condition. In such organs there is an inability to yield to unusual variations of intra-ocular pressure arising from local or general systemic causes which occur innocuously in larger eyes with a thinner, more elastic coating. But when such fluctuations are resisted, the ciliary nerves resent the crowding, become irritated, vaso-motor paresis follows, still more pressure accumulates, and the malady is soon in full career. The senile changes, which occur in the whole body, affect also the sclerotic; this adds to the other predisposing causes, and thus the affection shows itself oftener after fifty years of age than at any other period of life.

In regard to treatment, it is a fortunate circumstance that glaucoma never begins in both eyes at the same time, and that in its progress there is always considerable difference between the two organs. To this fact many a patient owes the rescue of one eye from the fate of the other. The only thing that can be done for the effectual relief of the morbid condition is to make such an incision in the sclerotic as will relieve the tension which is causing all the mischief. The incision is usually practiced close to and in front of the iris, and as prolapse of that membrane commonly follows such a cut, iridectomy is performed. The objection to an incision made behind the forbidden ground of the ciliary region is that there is more liability to hemorrhage into the eye or escape of vitreous from it, with consequent shrinking of the ball. The subsequent cicatrix is formed of connective tissue, and remains more distensible than the original sclera. As the delicate nervous structures of the eye rapidly deteriorate under pressure, the sooner the operation is done the better. In some instances, where the disease appears to be absolutely quiescent and the patient can afford to dispense with the use of the eyes for any kind of work, we may wait and treat the case by carefully avoiding or allaying any local irritation. But it is sleeping on our arms, and we must expect to be wakened for action at any moment Sometimes the incision in the superior quadrant of the anterior scleral zone is not sufficient, and the glaucomatous paroxysms recur. Then the operation should be repeated in the lower quadrant, to relieve the tense tissue still further. If the operation is done early enough the normal amount of sight may be retained; but if the field of vision is much contracted, the light sensibility impaired and the excavation of the disk much advanced, we shall be fortunate if the operation preserves such sight as remains at the time.

Like other remedies in the treatment of disease, iridectomy is no specific, and in the best hands the operation may fail altogether. In the advanced stages, when sight is gone, the scleral section can do no more than relieve pain, or rid the patient of subjective impressions of light, which are apt to be annoying at this time; and if it fails to accomplish these ends, it is best to proceed to enucleation of the globe at once.

PHIMOSIS WITH LITHURIA; CIRCUMCISION—RECOVERY.

BY E. P. HURD, M. D,
Of Newburyport, Mass.

Patient a male infant of five months, the child of Mr. A., of this city. August 8th, was called to prescribe for a urinary trouble of several weeks' standing. But little urine was voided, and that was turbid, and apparently voided with great distress. The child being constipated, I ordered pulv. glycyrrhizæ comp. and waited an opportunity to examine the urine.

Aug. 9th. Mrs. A. has succeeded in obtaining a small quantity of baby's urine, and I have made an examination. Strongly acid, with copious reddish precipitate, which mostly clears up on heating with liq. potassæ. Microscopic appearance, an abundance of lozenge-shaped crystals of uric acid. A few dumb bells of the same, with fringed edges.

The following prescription was made:—

℞ Lith. cit., gr.xvj
Syrupi aurantii, ℥ss
Infus. buchu, ℥iss. M.

Sig.—A teaspoonful every four hours.

The comp. liquorice powder to be continued in sufficient doses to keep the bowels regular. A warm soda bath every morning.

Aug. 21st. The condition of the baby patient has not materially improved. Mrs. A. has brought me to-day two little concretions, size of small pin heads, which she had found in baby's diapers. These concretions proved to be calculi of uric acid. A little urine which she had collected contained a copious sediment of uric acid, lozenge-shaped crystals, daggers, halbert-shaped masses, war clubs in heaps, dumb bells, hedgehog balls (urate of soda), and other forms, constituting quite a microscopic treat. The little juvenile seems to be suffering much from the irritation caused by these formidable crystalline structures. Has lost three pounds in weight within a month. Has also contracted whooping cough. Prescribed sodæ bicarb., with bromid. potas., hyoscyamus and tolu. I could not satisfactorily account for lithuria in so young a child; parents, by the way, are perfectly healthy.

August 31. Abscess in neighborhood of the rectum, which has terminated in incomplete fistula, the result, I presume, of the irritation from lithic acid, which still loads the urine. Diapers look as if stained with blood. Emaciation continues; child cries much of the time.

It is worthy of note that the alkaline and anodyne treatment has at times been attended with marked relief. The urine for days would look quite normal, as far as could be determined. Of late, however, the child has been getting worse.

September 10. If I had spent half the time in searching for a physical reason for the lithiasis that I have spent in the diagnosis of the pathological condition by test tube and microscope, I should have "hit the nail on the head" long before this. To-day, a careful examination of our infantile sufferer revealed a sadly neglected phimosis. The glans was completely covered and the meatus urinarius almost strangled by a large and probably adherent prepuce. "Something must be done right away."

I attempted the operation alone. The little patient was etherized. With the help of a small director and fine sharp bistoury, the upper part of the foreskin was slit up to the corona glandis, and an oval of skin and mucous membrane (Guerin's operation) was removed on each side of the slit. The prepuce was adherent to the glans throughout its whole extent. It was with the utmost difficulty that I could separate the mucous membrane from the glans; this, however, I in considerable measure effected, partly by tearing, and partly by careful dissection. Did you ever perform resection of the femur of a grasshopper? The task which I had attempted was almost as difficult. Three stitches were introduced at the proper places, through the skin and mucous membrane.

September 30. Although the utmost care has been taken to prevent adhesion between the raw surfaces of the mucous membrane and glans, separated by the operation of the 10th instant, what I feared has happened, and an another operation seems imperative, or future trouble may be apprehended. The condition of "our future president" is vastly improved, nevertheless; and it is worthy of remark that no "gravel" has appeared in the urine since the operation. Dr. D. Foss was called in to assist, and an attempt was once more made to restore the organ to a perfectly normal condition. I resolved to take an oval from the under side of the preputial covering of the glans, slitting up this time by the side of the frenum. This was done with very little hemorrhage, care being taken to avoid cutting the artery. The mucous membrane was found firmly adherent; it was carefully dissected up, and a small oval removed on each side of the frenum. A similar incision was made on the back of the organ, and enough of the skin and mucous membrane excised to completely free the glans and enable the prepuce to be reflected back with ease. A piece of dried smegma, about half the size of a hemp seed, was removed from the furrow behind the corona; this had produced a trifling excoriation. All hemorrhage was speedily stopped by pressure with a wet cloth, and directions were given to the mother of the child to reflect the prepuce twice a day over the glans, so that no further adhesions might be possible. Five stitches completed the operation.

October 10th. The last operation has been completely successful. All "lithuria" has long since disappeared.

We have a good example in the above how irritations about the genito-urinary organs may derange the urinary function, and alter the quality of the urine. I have similarly observed oxalic acid deposits in the urine of masturbators, and *offspring-shunning husbands*, who practice onanism (I use the latter word in its proper, original sense).

I have read the interesting and instructive article of Prof Sayre, in the REPORTER for Oct. 14th, and the above will be a fitting supplement to it. It is easy to understand how a persistent irritation of the kind indicated might cause more alarming symptoms than those from which our little patient suffered, and the next stage in the case I have reported would very likely have been paralysis.

CASES OF ARSENICAL AND LEAD POISONING.

BY FRED. HORNER, JR., M. D.,
Of Salem, Va.

The history, symptoms and treatment of the following case of colica pictonum, which furnishes proof of the sometimes deceptive and dangerous character of this disorder, are worthy of record. It occurred in the person of a young married lady of English birth, aged twenty-five, nursing her first child, an infant, and who was very obnoxious to the poisonous effects of any form of paint. After removal to a new house, which had been plastered and painted only a few days, but supposed to be sufficiently dried, in the middle of the night, she was seized with violent agonizing pain about the stomach, vomiting, and an indescribable wretchedness expressed in the countenance. The vomiting lasted for sixteen hours during the first attack. The patient had been liable to attacks of bilious colic, and, with the physician, attributed her illness at this time to error of diet at the noon meal. Remedies were tried in vain to relieve the symptoms; warm cloths, bottles of hot water, and mustard plasters locally; emeties, carminatives and chloroform, internally; and iced champagne and brandy. Finally, the second night, the patient retained an opium pill containing one grain, repeated until five grains had been given, when the vomiting and pain ceased, and sleep was induced, after two nights and a day had been spent in intense agony and suffering. One week afterward, during which time the weather was marked by constant rains and moisture, causing the green paint, as it was, on the walls of the house to be more or less dissolved, and the atmosphere to become loaded with vapor, the patient had a relapse of all the above symptoms, without any apparent cause as to error of diet, productive of bilious colic. In a short time the babe and husband were affected by like symptoms, accompanied, however, in the latter, by a marked, sweetish metallic taste, which, of course, confirmed the suspicion that the disorder was unmistakable lead colic; the blue line about the gums could not be detected. All the symptoms were aggravated with constriction in the throat, the lungs and pit of the stomach, dryness, great prostration, and pain about the spine, only relieved by constant pressure made by an attendant. Antidotes were promptly administered, viz., strong solutions of epsom salt, magnesia, pil. opii., and the albumen of eggs, and milk, and prompt removal of the family to another house.

The writer is aware of a single case only where a salt of lead was given for criminal purposes. It occurred in the person of the late Commodore W. Jamesson, United States Navy, of Alexandria, Virginia. He was taken ill with symptoms which compelled him to have the advice of a physician, who declared the symptoms to be those caused by lead poisoning. For some time they failed to obtain a clue to the cause, until a lad, the son of the Commodore's cook, a mulatto slave, confessed that he had seen his mother frequently put a whitish powder in the teapot. The contents were analyzed by a chemist, and found to contain sugar of lead. Commodore Jamesson never recovered, to the day of his death, from the effects of this criminal act, suffering from frequent attacks of dyspepsia and muscular debility.

In proof of the potency of lead poison, Dr. Snow is cited by Tanner, "Memorand. of Poisons," to report a fatal case where a child swallowed a portion, of the size of a marble, mixed with oil, and died on the fourth day, from absorption of the poisonous salt from the digestive canal. In the case of painters and operatives of manufactories in lead, and in families supplied with water conveyed through leaden pipes, the same thing occurs, by absorption through the skin and lungs. The blue line along the borders of the gums may be considered a diagnostic sign. A relapse of the colic frequently occurs without any apparent cause.

The illness which occurred in the family above described, in the first case, proved most disastrous to the lady, who had conceived about three months previously. During the period of pregnancy she was again ill, about two months subsequent to her first attack, with all the symptoms of cramp colic, to which she was peculiarly obnoxious, but on investigation, it proved to be arsenical poisoning—in th

case, perhaps, from accident. The arsenic, which had been recommended to destroy the rats of the house, by a country druggist, had been sprinkled on bits of bread by an ignorant cook, who had left them scattered over the kitchen floor carelessly. After the usual noon meal, the following day, a pudding of tapioca was served, bland and seemingly properly made. In a short while thereafter the nurse and cook complaind that the pudding, of which they had eaten heartily, had given them nausea, accompanied with severe retching, vomiting, and purging. The lady and her husband, toward night, were affected in the same manner, but more violently, with cramps, cold extremities, agonizing pain in the region of the præcordia, great prostration, and slight hemorrhage, from the violence of the efforts made in vomiting. Heat was applied in various forms, locally; powders of morphine, pil. opii, and chloroform liniment, repeated, failed in each case to give relief. At this time there was no suspicion that arsenic was the cause, but that the tapioca, made of the Mandioc root, which contains a highly poisonous juice, was the source of the poisoning. A young child, an infant of five months old, was not affected; constant pressure on the head and over the spine relieved the intolerable pain of these parts. Among other spmptoms there was noticed marked pallor, change of expression of the countenance, and a puffy, swollen condition of the face, regarded by some observers to be a pathognomonic sign of arsenical poisoning, which still unluckily was not suspected. On the second day after these attacks, the vomiting and other symptoms were relieved by pil. opii, gr.j, repeated until retained by the stomach, and draughts of infusion of hops.

The parties recovered very slowly after the lapse of a week's time, with impaired appetite and great debility. The married lady continued to suffer protracted malaise and slight ill-health until the period of full term, when she was delivered of a blighted ovum.

For some time the cause of these cases of disorder was attributed, as stated, to the noxious properties of the tapioca. But a parcel of the same lot was sent to Wyeth & Bro., Philadelphia, to analyze, and was proved to be sound, and the tapioca was again served up as a pudding, and eaten without any unpleasant consequences. Then came up the recollection of the effort to destroy the rats, as already mentioned, with arsenic. To the mind of the physician, the severity of the symptoms, the same, indeed, induced by an irritant poison, and the protracted duration of the illness of the patients, were proofs that the poison was arsenic, and appeared to be conclusive that the arsenicated bits of bread had been accidentally dropped in the food, or perhaps been disseminated in some way by the rats. But, unluckily, this conclusion came too late for the physician to administer the antidote, or to test for the presence of the arsenic in the matter vomited. Hence, the importance of a thorough investigation, on the part of practitioners of medicine, of even simple diseases, and the caution to housekeepers against tampering with poisonous drugs.

According to von Tschudi, some of the people of Styria eat arsenic to improve their complexions, gain strength, and be better able to endure fatigue. Ill health has been in some instances induced by the poison of Scheel's green, or arsenite of copper, which is largely used in the manufacture of paper-hangings, of toys, and some kinds of confectionery, as well as in the adulteration of the green tea of commerce. The writer knew of an example of the latter which occurred on board of a national vessel, at the time on a cruise, attached to the Brazil squadron, and lying at anchor in the harbor of Montevideo. A large number of the sailors, suddenly, and without apparent cause, were taken ill with symptoms of cholera morbus, active purging and vomiting; the season—winter, at this time—did not favor the production of this disorder; on investigation it was found that a supply of green tea, which had been laid in among the stores of the paymaster for the use of the ship's company, contained arsenite of copper, or Scheel's green, which had acted as an irritant poison. Appropriate treatment and condemnation of the tea brought relief to the sufferers.

DIABETES MELLITUS—A CASE AND ITS TREATMENT.

BY CHARLES C. CRANMER, M. D.,
Of Saratoga Springs, N. Y.

The following are my notes of a case which would appear to merit publication:—

Mr. A. B. came to my office on March 21st, of the present year, suffering from the above-mentioned disease. He was a dark, sallow-complexioned young man, 22 years of age, and

about six feet in height, well educated, very irritable, and the possessor of a good set of natural and undecayed teeth. Previous to his sickness he was about graduating from his university; he had, therefore, been reading for many hours, daily. The following conversation ensued:—

Question. At what date did your present disease show itself sufficiently to make itself felt? *Answer.* I first noticed something was wrong in the August of 1875, though probably it was about me a long time before.

Q. When did treatment commence? *A.* On the 1st of October, 1875.

Q. Do you know what treatment was adopted? *A.* Opium and creasote were administered, and I also took hot baths, occasionally. My diet consisted of milk, meat and dried toast.

Q. What amount of urine did you pass in twenty-four hours, for the first month? *A.* I should estimate the lowest quantity to be four gallons, and the highest, during the same time, six gallons. My thirst was unquenchable during the first six weeks, and I drank large quantities of water and other fluids.

Q. Did you have to rise frequently during the night? *A.* Yes, sometimes every hour.

Q. What was your weight previous to your sickness. *A.* One hundred and eighty pounds.

Q. How much do you weigh now. *A.* One hundred and sixteen pounds.

Q. When did you commence to lose flesh? *A.* In the August of 1875.

Q. You have been under treatment in this village, have you not? *A.* Yes, but the treatment consisted chiefly in electricity, hot baths, glycerine, internally, with some tonic, the nature of which I do not know.

Q. Do you feel better for such treatment? *A.* None whatever; in fact I am getting much worse.

This was on March 21st. I obtained a specimen of urine sufficient for all testing purposes, and took the specific gravity, which was 1.044. I then examined for sugar, using the following tests: Trommer's copper test, the potash test, and later on I used the yeast test; in a very short time the characteristics of sugar presented themselves.

Some few weeks before I saw this case I had read in the Medical and Surgical Reporter a passing notice to the effect that Dr. Sidney Ringer, of University College, London, had treated several cases of diabetes with marked success, using sulphide of calcium, grain one-eighth, three times a day. I determined Mr. A. B. should give the remedy a fair trial, and prepared twelve powders of the desired drug, giving the exact dose as stated above. I required my patient to measure his urine every twenty-four hours and to bring some to my office every day, which he did, with the following results.

March 22d, evening, specific gravity, 1.044; amount passed, twelve quarts.

24th, evening, specific gravity, 1.040; total amount, twelve and a half quarts; up five times from 8 P. M. to 7 A. M. Appetite good; is using washed, dried, and baked bran bread, made with eggs.

25th, specific gravity, 1.040; passed seven quarts and half a pint.

The yeast test denoted thirty-one grains of sugar to each fluid ounce; This test was repeated twice with almost identical results. Continued treatment, but increased the dose of calcium sulphide to one-sixth of a grain. I also impressed upon the mind of my patient the absolute necessity of abstaining from all amylaceous food. I had sent to Messrs. McKesson & Robbins, of Fulton street, New York, to prepare for my patient fifty pounds of bran, as directed by Mr. Campton, and greatly to their credit be it said they returned me a very nicely prepared flour, strictly as ordered, and from which bread was made according to directions given in Tanner's Practice, page 807, formula 9. On the 26th, evening, he had passed only two and three-quarter gallons in the twenty-four hours, with a specific gravity of 1.038.

27th, specific gravity 1.040; up twice during the night; quantity passed a trifle under two gallons; appetite voracious, and thinks he does not feel so languid.

28th, seven quarts and half a pint; specific gravity, 1.036; up only once during the night, and feels better for the long sleep.

29th. Yesterday's urine denoted much less sugar than usual. To-day's urine, specific gravity, 1.036; quantity not taken.

30th. Walked two miles to-day; feels much better and stronger. Ate fish, mutton, and drank mutton broth for dinner; has a great desire to eat apples, which I interdict. Urine, to my surprise, marked 1.030; quantity passed, four quarts. Skin has been moist nearly all day since the walk.

31st, quantity passed, seven quarts; specific gravity, 1.032; up twice during the night.

April 1st, had a slight cold and did not report.

2d, better in every respect; had company to-day and did not measure urine.

3d, specific gravity of urine 1.034; about three quarts; slept well.

4th, specific gravity 1.030; passed this day less than at any time since his sickness.

5th, no report.

6th, repeat powders, and increase to half a grain. Specific gravity of urine 1.030; quantity less than usual. No trace of sugar to-day; feels all right; slept well all night. From this date to the 22d instant the patient continued to improve in appearance; had gained over twenty-five pounds in weight; did not require to get up at all during the night; thought himself able to resume his studies, and proposed returning eastward in a few days; recommended to continue both powders and diet.

To-day, October 13th, he writes me and says in reference to his case, I now weigh 160 pounds; have resumed my employment, that is teaching and studying, but only do a small amount of labor in comparison with that done in health, and I deem it proper to say that the minutest quantity of amylaceous food produces a change in my condition as quickly as when I was lowest with the disease. I now live on diet as given by the Hon. C. P. Smith, of Brooklyn, with the exception of bran bread, which I hold to yet.

The above case is interesting, inasmuch as the patient had received no benefit from any treatment adopted previous to taking the calcium sulphide, yet he began, and continued to show marked improvement, from the moment the above drug was administered. I would therefore ask the profession at large to give the remedy an extended trial in any case coming under their care, and if the patient be kept upon a proper diet, the probabilities are he or she may be benefited, if not cured. I omitted to mention that my patient took a hot bath three times a week while under my care.

—Germans seem to have, generally, less good sight than other people. In the armies of France, Italy, England and Spain, a spectacled man is rarely seen. An examination of the eyes of recruits in Switzerland showed that while 13 to 15 per cent. of those from French cantons had defective vision, 21 to 22 per cent. of those from German cantons had this defect.

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK.

SERVICE OF PROFESSOR LEWIS A. SAYRE.

Reported for the MEDICAL AND SURGICAL REPORTER, by N. W. Cady, M. S.

Hip-joint Disease.

GENTLEMEN:—I am happy to have the pleasure of introducing to you, to-day, Dr. Holland, of the Philadelphia Hospital, Pennsylvania. He happens to come in here just at this moment, with this little child, which may very properly be called the Centennial case of hip joint exsection.

While I was delivering my report on the "Exsection of the Hip-joint," at Philadelphia, before the International Medical Congress, this little child was brought in by Dr. Barton, chief of Dr. Gross' clinic, in a very exhausted state, almost dying, from long-continued suffering. He had had the disease four years, and it was soon decided, in consultation with Drs. Lister, of Edinburgh, Dr. ——, of London, Post, of New York, Moore, of Buffalo, and others, that he should be exsected. The operation was performed at the time, just six weeks to-morrow. Since then I have seen nothing of the child but once, and know nothing of its history. I will request Dr. Holland to give the history of his case since that time.

[Dr. Holland reported that the patient, Thos. Shead, aged 5 years, had rested well every day since the operation; that the wound healed within four weeks, and that the child was gaining in flesh.]

That child is actually getting rosy cheeks, and though he has traveled from Philadelphia this morning, has not suffered from the cold or fatigue, the cuirass in which he lies giving him such perfect support. You see that the child has been carried about in perfect comfort, in this wire cuirass, and suffers no inconvenience in traveling. His transportation is perfect, and there is no difficulty whatever in its management.

I know nothing about the case except what you can see in the result here; it is perfectly easy to see that he has been pretty well cared for, and for this I thank Drs. Holland and Maury.

We shall now take him out of these wire breeches and put on him the long splint. The little fellow has found so much comfort in that cuirass that he does not want to be removed from it; but since the Doctor says that the wound is entirely healed, it is therefore useless to keep him in the cuirass any longer; it now becomes necessary to apply some other means of treatment, which shall enable him to exercise himself, and by that means get a useful limb and a movable joint.

For that purpose I have had this instrument constructed, the long splint, with motion at the hip, an abducting lever, and an elastic band

posteriorly, that is constantly extending the limb posteriorly, but which, by its elasticity, allows the child to sit down, and at the same time flex his limb.

In the meantime, while he is being undressed, I wish to show you another case, that of a little boy who has been cured after thirteen years of suffering, by nature's slow process of exsection by exfoliation. He wears an 8-inch stirrup, and has an anchylosed hip, with this terrible deformity, which you see. I wish you to compare the two methods of exsection, and see the difference in the results. Dr. Stirling brought him from Sag Harbor, Long Island. The mother will give you the history of the case.

HISTORY OF THE CASE.

Mrs. X. In the first place, my boy had a fall on his hip, against the edge of a barrel. From that time he has been lame, and it has grown worse every day.

Dr. Sayre. A fortunate circumstance in the case was, that the hip was hurt badly enough to make the child lame immediately. You noticed in another case that the injury was so small that the child did not go lame for some time Where was the pain?

Mrs. X. In his knee.

Dr. Sayre. What did you do with it?

Mrs. X. I bathed it.

Dr. Sayre. What good did that do?

Mrs. X. None at all.

Dr. Sayre. What did you do then?

Mrs. X. I fomented it.

Dr. Sayre. All right; go on now and tell the whole story.

Mrs. X. I bandaged it, painted it with iodine, but that took the skin off. Then I took him to Dr. S.

Dr. Sayre. A "natural bone-setter?"

Mrs. X. Yes sir.

Dr. Sayre. That race will never die; there must be some young S's living yet.

Mrs. X. He set it, and in about two weeks it slipped out; then he set it again.

Dr. Sayre. What was the result of all that "setting?"

Mrs. X. It grew worse right away.

Dr. Sayre. Of course; he has been setting a joint that was never out of joint, and the child grew worse right away. Dr. Stirling saw him in the street and brought him down to my house without examination. Unfortunately, as the little fellow came into my office he slipped on the stone steps and fell, and hurt himself so that he is even now very much afraid to be handled I examined him but slightly at the time, for I was crowded with business, but I saw enough to satisfy me that it was a case of hip disease, and asked the doctor to bring him here. He is in the second stage of this disease, with effusion into the joint. I could see that by the position in which his limb was fixed. You know what I told you about the symptoms of the earlier stage of the disease—the dropping of the nates—the gluteo-femoral crease lower, the limb apparently elongated. At this stage the deformity is so slight that it is only with great difficulty you can detect the disease at all. You must bring the body to a perfectly natural position, on a hard bed or table, with the trunk and pelvis at right angles to each other, in which case a line drawn from the centre of the sternum over the umbilicus to the centre of the symphisis pubis will be crossed at right angles by a line drawn from one anterior superior spinous process to the other, the spinous processes touching the table throughout their entire length. While in this position, if there is nothing abnormal about the hip-joint, the limb can be extended so that the popliteal spaces will touch the floor, without disturbing these lines or tilting the pelvis, so as to raise the spine from the plane. The diseased limb can be extended to nearly this position, but before the popliteal space touches the table, the pelvis will be tilted (so that the hand can be passed between the table and the spine) owing to the contraction of the psoas magnus and iliacus internus muscles.

As the disease progresses there is an effusion into the joint; as that effusion takes place the limb changes position, becoming abducted, turned outward, and rotated and flexed on the thigh. It is apparently an immovably anchylosed limb; at this period the pain is perfectly excruciating; the child holds himself as still as he possibly can, to keep the part from movement, and any attempt at movement causes pain.

The limb is now abducted and is turned outward. That settles the question. As long as I hold him in this position [holding the limb in the position of the deformity, and making very gentle extension] you will observe that the child is perfectly free from pain. I hold his two legs in this abnormal position till I get the two anterior superior spinous processes level with each other. Now, you see when his legs are parallel with each other, that the spinous process on the affected side is an inch lower than the other, which makes the leg look longer than the other. Again I straighten the pelvis and I can bring the well leg down, so that the popliteal space touches, and there is no disturbance in the back. You see I get no expression of pain from the child; you see his face has not the slightest expression of pain in it. Why is that? I am simply holding the affected leg flexed, abducted and rotated, by which means I accommodate his limb to this effused fluid in the joint, without his being obliged to set his muscles to the work; the result is that he is perfectly comfortable. Now, just let me attempt to rotate that leg; in a moment you see the expression of pain; he is twisted and distorted. It would be useless in this case to attempt to put on an instrument and fix the child, without first putting him in position to do it. This little fellow is almost in the position of the little girl you saw with a long instrument on her leg, whose joint I had aspirated three times, and you saw the result.

In this case it requires that the extension should be applied in the line of the deformity.

But this child is not in a condition to be put in a splint yet. He shall be put in an extending apparatus instead. I simply put on an apparatus for night extension, which consists, as you see, of these two adhesive straps, terminating below the foot in a couple of straps in which are two holes, for the purpose of being attached to the extending force. These adhesive straps are secured by a roller. We should always be careful to carry the straps *above the knee*. It would be useless to attach *below* the knee; not only useless but decidedly injurious; for the reason that it would make tension of the lateral ligaments of the knee joint. We pass the roller up the thigh as far as possible, and now reverse the plaster, following it up with the roller, being careful to avoid wrinkling, which would defeat the object of the roller bandage.

We now put this child in bed, raising up the foot of it ten or twelve inches higher than the head, so that the body may act as a counter-extending force. A cord is attached to a piece of wood fastened to the straps, and this cord runs over a pulley which can be adjusted to any height that you wish. We then drop this day by day, moving it very gradually until we get the leg straight with the body. In the mean time, while that is being done, a blister is placed over the joint here, and when the serum has been discharged, we put the skin back and let it heal up; after it has entirely healed up another is put on, if necessary, and repeated as often as required. Do not, under any circumstances, peel off that skin and apply an irritating ointment or an irritating tent, or anything else to keep up the discharge. You get a serous effusion, and that is all you want. Let it heal up and put on another blister. Do not get up a continual drain from the system, in the old fashioned way of treatment, which simply breaks down the system and does no good whatever; it only torments the patient.

The doctor will take this youngster home, put him in bed, and then, at the end of a fortnight, will bring him back here, and put on him a splint

Case 3.—Jennie Brown, aged 9 years. Here is a little girl that I exsected four years ago. In her case the acetabulum was perforated. [There was perfect recovery with very slight shortening, not more than one-fourth of an inch, and with no other deformity; the motion in the joint was equally good and free with that in the sound joint.]

Case 4.—A. B, aged 3 years. Here is a little child who has at the same time Pott's disease and hip disease. I merely want to show you how easily and comfortably such cases may be placed This little child I found at my office last Saturday. She was put up in a wire cuirass at my office. I could not put on her a splint, as she was too small to walk, and a plaster dressing was not desirable, as she was compelled to keep the horizontal posture. I, therefore, put her in this wire cuirass, which accomplishes both purposes. She sleeps well and has had no trouble since the outset.

Case 1 (again).—[This patient had in the meantime been removed from the cuirass and prepared for the application of the extension apparatus.]

The wound on the thigh is, as you will observe, entirely healed. There is a little sinus here at one side, which was running before the operation, but which now discharges little or nothing.

The proper thing to do now is to put on his pantaloons or drawers and stockings, cutting a hole to allow the buckles to pass through; put on his shoes and cut holes through them for the same purpose, and then put on this instrument—the straight splint. But, owing to the fact that he has no shoes, we shall not be able to do so as perfectly as we otherwise should.

[A Sayre long splint was applied to the affected leg, being alternately extended and shortened until the adjustment was so perfect that the child could stand upon his feet without pain or inconvenience, the limbs being exactly of the same length.]

In adjusting these splints, some people are apt to be governed by the buckles and holes and marks in the straps. Now let me advise you to never make such a mistake. Be governed by the extension when it is applied. The child is now in fit condition to walk about, as soon as he gets his strength. The splint being properly adjusted, I lock it. He cannot walk at present, because he has no shoe on either foot but he will have a pair put on, and be sent back home by the next train. You observe his form is perfect, and the motion of the joint is free.

Case 5.—Minnie King, aged eleven years; mother living; father died several years since. The patient always a delicate child. About eight years since noticed that her knee began to pain her continuously, especially when she arose in the morning; could not touch the ground with the affected member. This continued six months, running the characteristic course of hip-joint disease. Her condition improved until about six years ago, when an abscess appeared over the joint, and the attending physician opened it. It has continued to discharge ever since. Since then several pieces of honey-combed bone passed out of the opening, one, in particular, being as large as the head of her thumb; this piece was somewhat rounded. On admission, walked in pretty well on crutches. Her physique is very good for a child of her age, but her anæmic appearance is noticeable.

[The patient being fully anæsthetized the operation was at once begun. The usual incision, from a point midway between the anterior superior spinous process of the cord of the ilium and the trochanter major, extending in a curved line over the top of the trochanter major to a length of about four inches, was made, the periosteum at the same time being divided to the bone.]

Dr. Sayre. Here is a thick involucrum at this point, showing that it ought to have been cut out months ago. This case is going to give us the same trouble that these cases do when they are neglected.

You see this large thickened membrane with new bone deposited around it; it is so thick that I cannot divide it with a small knife. I have therefore to divide it crosswise with this larger knife. It is so thick and firm that I can scarcely divide it even with that; it is nearly a quarter of an inch in thickness. I now take this elevator, and going beneath it, pry it off from the bone. Now I come to a large amount of dead and broken down bone anteriorly. I have cut out and taken away that large amount of dead bone, so that I can get down to where the disease is imprisoned. The case is very much like that which we operated upon last week, showing another instance why these operations should be performed at an early date.

[Here the bone was sawn across, at a point just below the trochanter minor. The dead bone, being much broken down, was extracted piecemeal. The periosteum from the diseased ilium was lifted and the diseased bone dug out.]

Now the operation is complete, except as to a piece of this involucrum, which I shall take off. You see this white horny substance, nearly half an inch thick; that is new material which has been formed by nature to cure the case, and had not the dead bone been present, she would have succeeded.

Out of the sixty-five cases of hip-joint disease that I have operated on—this is the sixty-fifth—the majority have been like this child. The best results are obtained in cases which have not gone quite so far.

It is a very curious fact that cases as bad as this make a speedy recovery so soon as the source of the trouble is removed.

The wound in this case is so large that I shall take a stitch in the upper portion of it. Now we pour the wound full of Peruvian balsam, which is as good an antiseptic as you can get, and pack the wound full of oakum, down to the ilium, covering the whole with a pad of oakum, to absorb pus.

[The splint ordered for the occasion being two inches too short, the patient was put on a board, a little longer than her body, with foot pieces nailed at the end.]

Dr. Sayre. As I have no splint of a size suitable for her, I am obliged to do as you will have to do occasionally when you operate on patients in the country.

Of course this substitute does not offer the same advantages in transportation and in dressing that the wire cuirass does, but we will make it do as a substitute for a day or two, until a cuirass can be obtained which shall fit her.

—A commission of physicians, appointed by the Boston Board of Health, reports that 1,500,000 gallons of water were sold in that city in 1874 as milk, for which nearly $500,000 was paid. In one instance thirty-four cases of typhoid fever in twenty-four families were traced to the use of milk mixed with water drawn from a well near a cesspool.

Medical Societies.

MEDICAL SOCIETY OF VIRGINIA.

The seventh annual session of the Medical Society of Virginia convened in Charlottesville, President Dr. F. D. Cunningham in the chair.

The Recording Secretary, Dr. L. B. Edwards, read his report. It showed a membership of 310 active members, exclusive of the twenty-eight elected. The report also included a petition from the Richmond Academy of Medicine, introduced in that body by Dr. L. S. Joynes, asking the State Medical Society to petition the Legislature in behalf of better provisions for the services of expert medical testimony.

The President, Dr. Cunningham, proceeded at once to deliver the address. He spoke of the losses by death to the Society during the year, and paid a tribute to the memories of the late Drs. Peterfield Trent, O. B. Jenks, late Vice-President, and John P. Mettauer, of Prince Edward county, late honorary fellow of the Society. He then called attention to the wants of the profession and of the people, which could only be secured by organized effort as compared with that result which comes of individual endeavor alone. In this connection he spoke of the necessity of obtaining further legislation on certain subjects, such as the establishment of a State Board of Medical Examiners, a sufficient pecuniary appropriation to enable the State Board of Health to become effective, and a change in the existing laws regulating the sale of certain poisonous drugs, such as opium, arsenious acid etc.

Dr. J. S. Wellford read a paper of great value on the use of chloroform, which showed that the agent has not the dangerous properties which have been attributed to it, when the article is pure and properly administered.

On motion of Dr. McDonald, of West Virginia, the report was referred to the Publishing Committee, with instructions to publish. While making this motion, Dr. McDonald stated incidentally that he preferred a lady's well-starched cuff to the towel or folded handkerchief, or other instruments usually used for the administration of the agent.

Honorary Fellow Dr. A. M. Fauntleroy, of Staunton, presented a very instructive report on Advances in Therapeutics. Ordered to be published.

Dr. Benjamin Blackford, of Lynchburg, presented his report on Advances in Surgery. Ordered to be published.

The following officers were then elected:—

President—Dr. James L. Cabell, of the University of Virginia. Vice-Presidents—Drs. M. P. Christian, of Lynchburg; W. F. Figgat, of Christiansburg; C. W. P. Brock, of Richmond; John W. McIlhany, of Warrenton; and Hugh Stockdell, of Petersburg.

Recording Secretary and Treasurer—Dr. Landon B. Edwards, of Richmond.

Corresponding Secretary—Dr. Christopher Tompkins, of Richmond.

Dr. Edwards read the bill pending before the Legislature, to regulate the Practice of Medicine and Surgery, and, in order to take some practical step to secure its passage, moved that a sufficiency of copies be printed to supply each member of the Society with a copy, and that each member be charged with the duty of securing the signatures of petitioners for the passage of the bill, to be forwarded to their representatives in the Legislature.

Dr. Apperson believed that the establishment of a medical board and a dog tax would rid the State of two great nuisances—cur dogs and quack doctors. Dr. Randolph believed the plan of petition the very best that can be devised, and that by combined effort the bill can be easily carried.

At the conclusion of this report, Dr. Dowell, of Texas, addressed the Convention, by invitation, and developed his mode of treatment for the radical cure of hernia. The doctor claims the practicability of curing this troublesome disease, and demonstrated on the blackboard his method of performing the operation. The thanks of the Society were tendered for his address.

Invitations were extended to the Society to hold their next annual meeting in Richmond, Petersburg and Salem, and after discussion Petersburg was selected as the place. Adjourned.

Editorial Department.

Periscope.

Efficient Cauterant for Polypoid Growths.

The following is a case reported by T. J. Heard, M. D., in the *Transactions* of the Texas State Medical Association, 1876 :—

On the 1st of February, 1876, I was called to Mrs. H., about fifty years of age. Nervo-bilious temperament. Menstruation had ceased at about her forty-fifth year. She is a native of Texas, and her health in every respect had been uniformly good, until about three months since, when some obstruction to urination, attended with pain, occurred. On examination, I found a blood-red tumor protruding from the urethra, about the size of a large cherry. It was not sensitive to pressure, but bled freely from slight handling. It involved the orifice of the urethra, and extended up about three-fourths of an inch on the inferior wall of the same. I at once used locally crystallized carbolic acid quite freely, which was unattended with much pain.

February 3d. The tumor at first receded under the influence of the remedy, but after three days it was found to be as large as at first. I now used strong nitric acid freely, which caused but little pain.

February 6th. As under the influence of carbolic acid it receded, but was reproduced, I again used carbolic acid freely, partly with the view of its anæsthetic effect, and then used concentrated chromic acid as freely as I thought prudent.

February 12th. Sundry detergents and astringents had been used, which it is not necessary to make mention of here. The chromic acid had caused a good deal of pain. The slough was removed, and the chromic acid was used again.

February 18th. The patient had experienced pain as before, but the base of the tumor presented the same appearance as on the 12th. I applied carbolic acid carefully, and then, with a tenaculum and dressing forceps, lacerated and removed as much of the base of the tumor as I could consistently. I thereupon applied and held in close contact with the base of the tumor, for five minutes, the following, a thin film of paper being interposed on the upper wall of the urethra :—

℞. Potassii bromidi,
Acidi tannici, āā gr.x. M.

By careful levigation, reduce to a mass, and make suppository, three-fourths of an inch in length.

The effect was prompt, and intensely painful for half an hour; the actual cautery could not, seemingly, have been more so.

February 20th. The base of the tumor has, to all appearances, disappeared, and there only remains instead a charred slight prominence of the parts. The patient, I am informed, is well, and the tumor has not evinced the least tendency to return.

The leading motive in reporting the above case is to show what can be accomplished by the above combination of bromide of potassium and tannin.

The Pruritus Vulvæ of Diabetes.

According to the *Practitioner*, Professor F. Winckel makes the following observations on fifteen cases of disease of the external genitals occurring in patients suffering from diabetes. In the pruritus vulva accompanying diabetes he invariably found one of these forms of disease. Either, 1, the slightest form, which is simply mycosis labiorum, or, 2, furunculosis labiorum, or (3), lastly, which is the most frequent and obstinate form, a phlegmonous affection of the whole vulva, mons

veneris, inguinal fold, sacrum and nates. Professor Winckel is satisfied that he formerly frequently treated cases of obstinate vulvitis without effect, having taken no pains to ascertain whether his patient was affected with diabetes, but now he never meets with a case of chronic erythema of the vulva without immediately instituting an examination of the urine. The severe form of diabetic vulvitis presents features so characteristic that it can be diagnosed with a little practice by the mere aspect of the case. The parts are of a dark red color and considerably swollen, and not always uniformly, but in a knot-like manner. The redness and swelling do not disappear on pressure. The secretion is often inconsiderable, which distinguishes this form of disease from scrofulous vulvitis. From scratching and rubbing, however, the parts become moist, giving them a malign aspect. The disease creeps inward and the vagina becomes hyperæmic. The appearance of a fungus first supervenes as a complication after the occurrence of the vulvitis, and it is only seen when the soil has, so to speak, been prepared. The affection is not, however, due either to the fungus or to the constant wetting of the parts with urine, or to the circumstance that the latter contains sugar; but it is, according to Winckel, essentially a phlegmon associated with diabetes and consequent on an impoverished state of the blood. In regard to the treatment, the primary disease (the diabetes) must be first attended to, and for this the Carlsbad waters will be found very serviceable, but local treatment must not be neglected. The best means in Winckel's hands have been copious and frequent ablutions of all the parts with a solution of one part of salicylic acid in three hundred of water, but lead lotion, zinc ointment, white precipitate ointment, glycerine and tannin, Sitz baths with bran, carbolic acid, etc., may also be tried.

The Action of Jaborandi.

In the *Deutsches Archiv für Klin. Med.*, Dr. S. Purjész details the history of four patients treated with jaborandi, two of them suffering from contracted kidney, one from insufficiency of the mitral and relative insufficiency of the tricuspid valve, with marked ascites, and one from psoriasis. In all the cases a careful record was kept of the weight of the body, the temperature, the rate of the pulse, and the condition of the urine, as well as all other particulars, including the sweating and the discharge of saliva. The results of the action of jaborandi were not very striking, for in the case of dropsy from kidney disease the fluid disappeared without any therapeutical measures, or the treatment was commenced while it was disappearing. In answer to the question whether jaborandi exercises a beneficial operation on the dropsy accompanying heart disease, Dr. Purjész gives a decidedly negative reply. In skin diseases jaborandi seems to cause no change. From the result of all the observations made by him, both now and formerly, Dr. Purjész considers jaborandi as an unsuitable drug in the treatment both of heart and kidney diseases attended with dropsy, and he thinks that the properties of the plant can only be duly appreciated when successful efforts have been made to procure and to isolate its active principles, and to avoid altogether the other constituents which may have an injurious operation.

When to Trepan.

In his recent "Lectures on Surgery," Professor James Spence, of Edinburgh, gives the following six classes of cases in which he would advise trepanning to be performed:—

1. *Without delay*, in all cases of distinct punctured fracture, to avert mischief by removing the fragments of the inner table.

2. In cases of compound comminuted fracture with depression (not in mere fissure with wounded scalp).

3. In simple depressed fracture, when, after a fair trial of other measures, the urgent symptoms of compression are persistent.

4. In compression from extravasated blood, when the position of the injury, or the existence of a fissured fracture, indicate the probability of a large artery, such as the middle meningeal, having been torn.

5. For intra cranial suppuration, when the symptoms and the existence of the puffy swelling, or unhealthy state of the scalp wound and bone, give an indication of the probable position of the pus.

6. In certain chronic cases, from disease or alterations in the bone following contusion or other injury, causing cerebral symptoms, such as local paralysis or epileptic fits. This last rule is by no means so imperative as the others.

A Secret Pile Remedy.

Professor Edmund Andrews, of Chicago, says, in the *Journal and Examiner*:—

A number of men have been itinerating in Illinois and the adjacent States, treating hemorrhoids by a new method. The secret has been sold to various physicians and other persons, at prices varying from fifty to twelve hundred dollars, and some of the purchasers have left a good practice in the expectation of making a fortune by traveling about and applying the remedy.

Investigation has placed the plan more fully in my possession, and I give it here, for the benefit of all concerned.

The first thing is to have a good hypodermic syringe, kept in perfect order, with sharp, delicate pipes. The fluid used is strong carbolic acid dissolved in any bland fixed oil. The proportions are usually as follows:—

℞. Crystallized carbolic acid, ℥iij
Pure oil, f.℥j. M.

Some of the itinerants use equal parts of the

two ingredients, and some of them substitute glycerine instead of oil, and at least one of them has tried a preparation of ergot.

When the piles are internal, and not readily brought down, a Sims' speculum is employed to uncover them. The operator generally takes only one pile at a time, always selecting the uppermost first, and injects into its interior from four to six drops of the carbolized oil, or rather the oleized carbolic acid. The injection turns the pile white, probably coagulates the blood in its vessels, and results in its shrinking away without the inflammation being severe enough at any one time, as a general thing, to prevent the patient from attending to his business The well-known power of carbolic acid to act as a local anæsthetic, antiphlogistic and anti-suppurative, favors the progress. When the irritation of the first injection has measurably subsided, another pile is attacked in the same way, and, as the patient cannot see the syringe, he supposes that he has not been subjected to any "operation," which is a great satisfaction to him. The itinerants often call their plan "painless," but it proves in some persons atrociously distressing. The result is in many other cases excellent, so that the plan may turn out to be worthy of a permanent place in the treatment of hemorrhoids.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Notta has recently written a series of letters to a young physician, under the title, *Medecins et Clients*, which is highly praised by some of our French exchanges, for its refinement of sentiment, solid sense and pleasing style.

——It is a pleasure to call the attention of the profession to an earnest and able "Argument in Favor of a Contagious Diseases Act," by Dr. E. T. Eeasley, of Little Rock, Arkansas. It is a strong contribution to the necessity for the legal limitation of syphilis, and should be read and pondered by all doubters. Reprinted from the Richmond and Louisville *Medical Journal*, and to be had of the author.

——No. viii of the second volume of the "American Clinical Lectures" is upon Hypertrophy of the Prostate, by Dr. Robert F. Weir. It is good as far as it goes, but does not go far. The ergot treatment (internally or by hypodermic injection) is not described. A clinical lecture on this subject, with this omission, is of questionable utility.

BOOK NOTICES.

Compendium of Histology: 24 Lectures by Heinrich Frey, Professor. Translated from the German, by permission of the author, by George R. Cutter, M.D. Illustrated by 208 engravings, on wood. New York: G. P. Putnam's Sons, 182 Fifth avenue, 1876. 1 vol., cloth, 8vo, pp. 274. Price $3.25.

Professor Frey is already known to the American public by the translation of one of his works on microscopical technology. He is a practical and skillful microscopist, and the present volume indicates this in every chapter. Out of the immense mass of material which the patient labor of numerous observers has heaped up on the minute structures of the tissues, he makes a judicious selection of that which is well substantiated and of evident bearing.

Commencing with the bathybius and the protamæba—those rudest forms of organism—he proceeds to discuss the cell and the classification of the tissues. From these he passes to the histology of the viscera, the generative glands and the nerves, closing with the organs of special sense.

He carefully avoids the strong temptation of theorizing, and sets forth in clear and vivid language the extent, and also the limitations, of our knowledge. The translator has rendered his style with fidelity, and the publisher has added much to the pleasure and benefit of reading the volume by the numerous wood-cuts he has inserted, and the excellent paper and type which he has selected.

Chemistry: General, Medical and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. By John Attfield, Ph. D., F. C. S. Seventh edition. From the sixth English edition. Philadelphia: Henry C. Lea. Sheep, 12mo, pp. 668.

This complete manual proves its popularity by reaching a seventh edition in nine years. The author announces that it now includes the whole of the chemistry of the British Pharmacopœia, of that of India, and that of the United States. It is embellished with engravings of apparatus and of microscopic views, and will be found in all respects to merit a continuance of its popularity.

A Treatise on the Theory and Practice of Medicine. By John Syer Bristowe, M.D., Lond., F.R.C.P., Physician to St. Thomas' Hospital, etc. Edited, with Notes, by James H. Hutchinson, M.D., etc. Philadelphia: Henry C. Lea, 1876. 8vo, pp. 1089.

The author is careful to state in his preface that he has written this work for the "junior members of the profession and students in medicine," and on that ground apologizes for various deficiencies in it, such as the omission of authorities and illustrative cases. He has, he tells us, given particular prominence to the pathology and to the clinical phenomena of disease, but has designedly omitted much he might have said on the subject of differential diagnosis, and has intentionally been neither full nor specific in his remarks on the treatment of diseases.

These admissions are singularly candid, and they correctly characterize both the merits and defects of the work. Every chapter gives evidence of close clinical observation, intimate study of pathology—and very vague therapeusis. To our thinking, the latter is a grave defect, and although the author takes pains to defend his neglect in this respect, we doubt very much whether it will not provoke serious disappointment in most of his readers to find how very little they can learn of the *healing* art from his pages. It is true that many great masters in medicine think it of little moment to administer drugs; that more than one might be named who occupy their hearers by the hour with pathology, and occasionally forget to make any prescription at all; yet the fact remains, that to relieve pain and restore health will ever be the chief worth of the physician to his fellows.

Passing by this objectionable feature, we turn to Dr. Bristowe's classification of diseases. This he aims to make strictly pathological. The first hundred pages is, in fact, a treatise on pathology, and a very good one. His discussion of morbid growths is notably full; upon fever he is rather unsatisfactory; so also he is in his discussion of the sources of somatic death, which he makes four in number, but acknowledges that the division is by no means a distinct one.

Diseases proper are grouped in eight chapters under "Specific Pathology. First come "Specific Febrile Diseases," which include such seemingly heterogeneous maladies as malarial fevers, syphilis, hydrophobia, whooping-cough, enteric fever, pyæmia, and cholera. Next we come to "Diseases of the Skin," which the author, of course, arranges and names to suit himself, that being the privilege of every writer on these complaints. Then follow the Diseases of the Respiratory, Vascular, Digestive, Genito-urinary, and Nervous Systems.

Throughout the volume the author shows himself a master of clinical and pathological observation, free from hobbies, and of large experience. But outside of these particular branches the book will not gratify the reader; as an aid to the *practice* of medicine it will not be found of the highest utility; and a kind of effort at new arrangements of long-known facts, which is frequently visible, devolves on the reader needless effort in its perusal.

Cyclopedia of the Practice of Medicine. Edited by H. von Ziemssen. Vol. VI. Diseases of the Circulatory System, together with chapters on Whooping Cough, Diseases of the Lips and Cavity of the Mouth, and Diseases of the Soft Palate. Wm. Wood & Co., New York City.

The authors to whose labors we are presented in this volume are Drs. Rosenstein, of Leyden; Schroetter, of Vienna; Lebert, of Vevay; Quinke, of Bern; Bauer, of Munich; Steffen, of Stettin; Vogel, of Dorpat; and Wagner, of Leipzig. The volume is a bulky one, running to 1014 pages, and is variously illustrated with sphygmographic tracings, etc. The signs and symptoms of cardiac disease are set forth at great length, and with every desirable accuracy; in fact, as a treatise on this difficult branch of thoracic affections it will be found an unsurpassed representative of the best diagnosticians. The article on whooping cough, by Steffen, is worthy of very careful reading. He makes, to be sure, the error (heretofore pointed out in this journal) of attributing the quinine treatment to Binz; but there is a growing tendency in Germany, since 1870, to acquaint themselves less and less with what is going on outside the Empire.

The volume is of the same excellent typographical appearance which we have praised in previous numbers of the series.

The Physician's Visiting List for 1877. Lindsay & Blakiston, Philadelphia.

This popular Visiting List—one of the best of its kind—is now out, and will be, as usual, welcomed by a large corps of patrons.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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ELECTRICITY IN THERAPEUTICS.

Some years ago—not a rook's age either—the late eminent Professor of the Institutes of Medicine at the Jefferson Medical College used to speak of electricity as an excellent agent in the arts, and a battery as an impressive object in a physician's office, but as a genuine therapeutic resource, of the minutest value.

In spite of Dr. Duchenne's fruitful studies and the enormous impetus which electro-therapeutics has received within the last decade, an acute observer cannot fail to remark that it is not quite so much in favor with the average practitioner as all this writing and lecturing about it would lead to expect. Even the most cultivated are obliged to acknowledge how extremely unsatisfactory is the condition of electro-therapeutics. In the very last number of the British and Foreign *Medico-Chirurgical Review* a writer says:—

"The application of electrical currents for the relief of pain and for the restoration of mobility in paralyzed nerves and muscles, is still, notwithstanding the numerous experiments and large clinical experience of Duchenne, Ziemssen, Erb, and others, very empirical. It cannot as yet be definitely stated whether the greatest amount of benefit in a given case will certainly be obtained from the application of the anode or of the cathode to the proximal or distal parts of the nerve; whether both or one should be moved over the part affected, or kept stationary; whether the current should be divided as with a metallic brush or applied at a single point; and in many instances, though certainly not in all, it cannot be predicted whether galvanic or interrupted currents will be most effective. The discovery of electrotonus and of its laws, by Pflüger, has done little to aid practitioners in their daily work."

Go into the office, say of a reading country practitioner; you will, in all probability, discover, in some corner or closet, a dusty battery, of some description. Ask his opinion about it; he will tell you that it answered pretty well; that he don't call electrical treatment a humbug, but that drugs are far more convenient, and just about as efficacious in all his cases, and that the battery is practically left to the children and office students to amuse themselves with.

Electrical specialists seem to presage this loss of enthusiasm for their branch. Dr. J. B. Baird, who is a strong advocate of its powers, writes to the Atlanta *Medical and Surgical Journal*:—

"The skepticism evinced by the majority of physicians, in respect to the remedy, has left it, to a large extent, in the hands of unprincipled charlatans and ignorant empirics, who have, at all ages, abounded, and who have done much to bring it into undeserved disrepute among the educated and intelligent. The mysterious power of so subtile a force furnishes ample ground for appeals to the imaginative faculties and the superstitions of the weak, and the often surprising results that have followed even its indiscriminate use, lend a color of truth to their reckless assertions."

There is very much in the latter clause. The sensation of an electrical current is so decided that it aids the effect of anticipation very

strongly. Even without this assistance, the mind can work marvels. Some curious incidents in clinical thermometry, given in the London *Student's Journal*, illustrate what this simple instrument may do:—

"A young woman, who was convalescent, and whose temperature had long remained normal, had a slight relapse, which she attributed to having had 'no glass under her arm for a week.' A man suffering from acute rheumatism, obstinately refused to have his temperature taken any more, saying, 'it took too much out of him; it was a drawing all his strength away.' A man had been in the habit for some time of having his temperature taken daily under his tongue, with a thermometer that had just been doing severe duty in the axillæ of other patients One night a bran new thermometer was applied to his mouth; next day he declared he was not so well, and said 'the glass was not so strong as usual; he felt at the time the taste was different, and it had not done him so much good.'"

Electricity, as a therapeutic agent, has been so much a matter of speculation that its credit has been impaired. Venders of batteries have claimed for them so much more than clinical experience confirmed, that the purchasers finished by discarding the instrument where it really would have been of service.

The department in which it does offer unquestioned powers is in painful nervous disorders; here it is sometimes efficacious when all else fails.

To secure it the credit which it deserves, full and fair clinical analyses must be given, not partisan eulogies. Dr. BAIRD's article must be classed among the latter. He gives a detailed list of successes; but of his failures, he merely says they were few, and all cases of long standing. But a therapeutic agent worth praising at all vehemently, must manage hard as well as easy cases.

Again, it is no test of the value of electricity to put a patient on the regular text-book treatment for his complaint, *plus* the electric current, and attribute his recovery principally to the latter. To our minds such cases prove nothing.

NOTES AND COMMENTS.

Words of Interest to Subscribers.

We should like to have all our subscribers, to both the REPORTER and COMPENDIUM, take a lively interest in extending the circulation of these periodicals. They are worthy of it, and it will be a good deed to increase the number of their readers.

But we are going to offer another inducement. It is this:—

Any subscriber, to either REPORTER or COMPENDIUM, who will send us, *along with* his own subscription for 1877, that of any *new* subscriber or subscribers, to either or both those journals, may order any of our publications, to the amount of *one-half* the sum he sends for the new subscription, and the books will be sent him by mail, post-paid.

Thus, if he sends us, with his own renewal, the amount for one new subscriber ($5.00), we will mail him any of our publications, to the amount of $2.50; if two new subscribers ($10.00), he may order $5.00 worth of new books.

The following is the present list of our publications, and we are constantly adding to it.

The Physician's Pocket Record, 35 patients	$1.50
The Physician's Pocket Record, 70 patients	2.00
The Medical Directory of the United States (second edition)	5.50
Napheys' Modern Therapeutics (fourth edition)	4.00
Horace Dobell, on Coughs, Consumption and Diet in Disease	2.25
Greensville Dowell, Treatise on Hernia.	3.00
Greensville Dowell, Yellow Fever and Malarial Disease	3.50
J. W. Bright, Cancer and its Treatment.	2.00
George Brown, Aid to Anatomy	.50
George Brown, Case Book and Hints as to Case Taking	.60

Salicylic Acid.

In a paper reprinted from the Transactions of the Maine Medical Association, Dr. F. H. Gerrish, of Portland, gives the experience of sixteen Maine physicians with salicylic acid. His conclusions are that we have enough evidence to warrant us in believing that we

have in salicylic acid an agent which promises so well in certain directions as to make it desirable for us to industriously prosecute our researches into its action in health and disease, and this with a reasonable hope that it will in time be accorded an honorable position in our materia medica. It has been most extensively and satisfactorily used in rheumatism, especially in the acute form of the disease, and its administration has been followed by relief in various rheumatoid affections. Its resemblance in certain of its physiological effects to quinia, and its apparent control over inflammation in some cases, encourage us to expect decided advantage from its use as an antipyretic. There is yet much disagreement as to its value as a topical application, though it is conceded by nearly all that it is very useful as a deodorant.

Relations of Cardiac to Uterine Disease.

In a paper read before the Maine Medical Association Dr. Theodore H. Jewett remarks:—"As to the definite recognition of the fact that many of the most intractable affections of the uterus are associated with abnormal nervous or organic conditions of the heart as causative influences, and that these [cardiac] remedies are beneficially operative as to the mal-conditions of the uterus by improving the cardiac action, I am not aware that the idea has ever been before suggested."

If Dr. Jewett had been a reader of our *Half-Yearly Compendium of Medical Science*, he would have found that others have long since entertained and discussed this opinion. (See *Compendium*, January, 1876, pp. 201–204.)

The Uses of Bromohydric Acid.

Many persons cannot take iron, on account of the disagreeable "fullness" in the head it produces; others complain greatly of quinine, because it leaves them with a racking headache. Both these classes, according to Dr. Fothergill, will be relieved by bromohydric acid.

It is also useful in nervous conditions, and, with quinine, is excellent in those cases where there is much nervous exhaustion from excessive indulgence in tea or in alcohol, this being tried in a case of nervous excitability and sleeplessness where there had been much resort to chloral hydrate.

The formula is as follows, for the production of the acid in quantities of two quarts:—Dissolve ℥x, ʒvj, gr.xxviij of bromide of potassium in four pints of water, then add ℥xiij, ʒj, xxxvij of tartaric acid. The bitartrate of potash is precipitated, and the hydrobromic acid remains in a clear, bright, almost colorless, fluid, possessing an acid taste and the ordinary acid properties, as well as the peculiar properties of bromide of potassium, as compared with any other salt of potash. Dose, ʒss–j.

To Destroy Lice.

In Hebra's clinic the rule is to remove the nits by washing with alcohol. Dust the parts with pulverized sabatilla seeds. Afterward, rub in blue ointment, and finally cleanse with soap and water. Of late, in Vienna, petroleum is very extensively used for that purpose. The hair is thoroughly moistened with the fluid, and a handkerchief tied round the head, if the scalp is affected, and the next day, the head, if this is the seat of the parasites, is washed with soap.

In our own practice, we have had little success with mercurial ointment against crab-lice, while the following has proved a most efficient and far-neater application:—

℞.	Hydrarg. chloridi corrosivi,	gr.iv.
	Alcoholis,	ʒj.
	Aquæ coloniensis,	ʒij. M.

Use as a wash, once a day, for three or four days.

The Bromide of Camphor and its Uses.

The Doctor quotes, on this subject, the result of the researches of Dr. V. Y. Vivo. They are:—

1. The bromide reduces the force and frequency of the tetanic convulsions produced by strychnia, the tonic convulsions being converted into atonic, and the action of the antidote is rapid and sure. A strong dose of the bromide is required.

2. The bromide acts on the sympathetic, causing myosis and cardiac paralysis.

3. It is preferable to introduce the bromide by gastric ingestion, and in small and repeated doses.

4. That from four to six grammes of the bromide in small doses should be given in cases of poisoning by strychnia.

5. Twelve dogs, after receiving a fatal dose of strychnia, were saved by monobromide of camphor.

Dr. Pathault, of Paris, in a pamphlet in which he treats of the bromide and its different pro-

perties, records a series of observations on its therapeutical applications. The first in the series of affections in which it has been given is delirium tremens, the dose being about seven grains and upward, frequently repeated; and in succession its effects are recorded in insomnia, in which it has been partially beneficial; in chorea, in which it was more successful; in hysteria, in which the results were encouraging; in epilepsy, in which the fits were reduced in number and vertigo was relieved; in dyspnœa, in which it was partially successful; in neuralgia, in which its effects were doubtful; and in a few other maladies.

Antiseptic Surgery.

In his recently published "Lectures on Surgery," Professor James Spence, of Edinburgh, immediately before a brief allusion to the method of treatment known as Lister's, takes the opportunity of pointing out what the enthusiastic and apparently juvenile admirers of this system seem too apt to forget, that by simple dressings extraordinary successes have been obtained, which, as yet, at least, have not been equaled, far less excelled. Mr. Spence, in three years, out of sixty-three major amputations for disease, had only three deaths, and out of twenty-three cases of excisions of joints only two deaths, when his treatment consisted merely of washing the stumps or wound with tepid water, and the only dressing was a veil of muslin or lint over the stump.

Marriage and Multiplying.

In a letter to the *Medical Press and Circular*, Dr. Charles Drysdale remarks:—

It seems to me that the question of early marriage is the most important point of social well-being in this country of our day. Without early marriage we are sure to have prostitution (with gonorrhœa and syphilis), masturbation and impotence prevailing.

I would like to ask whether it might be possible to have marriage more universal were parents taught to be more solicitous (as they are generally in that great country, France) as to the numbers of their offspring? I have been occasionally asked by young gentlemen with frequent seminal emissions whether they ought to marry, and have sometimes replied, "Yes, if you can be prudent and take care to proportion the number of your family to your income—not otherwise."

Sublimated Collodion.

This is the name given by M. Dujardin Beaumetz, of Lyons, to a caustic application made as follows:—

℞.	Hydrarg. chloridi corrosivi,	℈j–ij	
	Collodion,	ʒj	
	Olei ricini,	ʒiij.	M.

It requires caution in its application, as some skins are exceedingly sensitive to corrosive sublimate.

Solution of Salicylic Acid.

A writer in the *Druggists' Circular* gives the following formula:—

SOLUTION OF SALICYLIC ACID.

℞.	Salicylic acid,	gr.xl
	Alcohol,	ʒiv
	Water,	ʒiij
	Glycerin,	ʒj.

For internal use the dose is one drachm, containing five grains of acid, mixed with one or two ounces of water, and swallowed immediately. For external applications, such as gargles, mouth-washes, etc., the same solution can be used in sui able doses.

The Prophylaxis of Puerperal Fever.

Believing that puerperal fever, in its manifold forms, arises only from infection through wounds of the genital canal, chiefly carried into the parts from without, though occasionally autogenetic, Professor Bischoff strongly recommends the free use of carbolic acid during all labors; baths and injections containing it being given, and the hands and all instruments are washed in a three per cent. solution of the acid, or a preparation containing ten per cent. in oil or glycerine.

All lacerations should be united, where practicable, by carbolized silk, or by silver wire. After labor, injections of a two per cent. solution of carbolic acid should be used, and if a catheter is used it should be anointed with carbolized oil. Statistics are given, showing a greatly-lessened rate of mortality since the use of carbolic acid.

—Pondering on the preference that French mothers have for books of devotion over "Nurses' Guides," and the like, Dr. Dubert, of Paris, makes the very practical suggestion that a short appendix, containing elementary precepts on feeding and rearing infants, should be printed at the end of prayer-books, missals, and religious books generally.

Correspondence.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter XV.

Medical Batteries in the United States Exhibit—Continued.

Centennial Exhibition, Oct. 21st, 1876.

Ed. Med. and Surg. Reporter:—

One of the finest medico-electric displays is that of the well known Galvano-Faradic Manufacturing Company, of 167 East 34th street, New York. It is located at N 57, in the Main Building. It consists of a cabinet battery and regulator, and a long case containing a great variety of electrical apparatus for medical purposes: faradic, galvanic, and galvano-caustic batteries; rheotomes and rheostats; disks, plates, needles, scourges, and all forms of electrodes. Nickel-plating has been substituted for the lacquered metal, formerly used by this Company on their instruments, and is, I think, a decided improvement. This useful art of nickel-plating seems, indeed, to have become generally popular among manufacturers of electrical apparatus.

I will not stop to describe in detail the numerous instruments and appliances of this establishment. A large illustrated catalogue, which contains full descriptions of all the apparatus manufactured by the firm, has been issued, and can be obtained for twenty-five cents.

Their electro-magnetic or faradic machines are admirable instruments, combining elegance with endurance and completeness. One of them has been used by the writer, in connection with a hospital clinic, for more than two years, and has been eminently satisfactory. The elastic fork, for producing slow and distinct shocks, as well as rapid vibrations, at the will of the operator, offers an important practical desideratum to the electro-therapeutist, and is an excellent contrivance. Lately an improvement has been added, by which the very finest vibrations can be obtained. It consists of a screw similar to the ordinary platinum-pointed one in general use, but which is placed vertically, and at the side, instead of opposite the end of the coil. This, with the fork-vibrator, makes as complete an arrangement as can be desired. Instead of moving the secondary helix in and out in order to modify the strength of the current—in the most recent machines of this company—the hollow cylinder within the primary coil is used as a regulator; which is rather a return to an old but good plan, than a novelty or improvement. I greatly prefer the double-cell battery with this faradic machine. The single cell seems sometimes scarcely sufficient for extensive and protracted use.

The Galvano-Faradic Company's most recent modification of the celebrated "Stöhrer Battery," which, by the way, has suffered many things of many electricians; and their "Bartlett Galvanic Battery," are among the most compact and convenient forms of electric apparatus that have ever been presented to the notice of the profession. The hydrostats, or contrivances for preventing the escape of the battery fluid, are claimed to be so perfect that the batteries can be actually turned upside down without spilling a drop of their contents. The electric current can be increased one cell at a time in these instruments.

The cabinet regulator and battery exhibited by this company is exceedingly handsome, and is probably an efficient and reliable apparatus. A battery of this kind, however, which the writer has had in use between two and three years, has not proved as serviceable in practice as it is compendious and generally admirable in theory and appearance. In the particular instrument to which I allude, the difficulty seems to be defective or careless workmanship, the drawers which hold the cells not moving smoothly in their grooves, and the wires for making connections, and the contrivance for interrupting the continuous current, getting out of order too readily. I have thought sometimes, also, that the single cell employed to run the electro-magnetic portion of the apparatus, is not sufficient for the purpose for which it is intended. In every electric machine for medical use, good workmanship is of the utmost practical moment, physicians usually not having the time or the patience to be troubled with unnecessary defects, however trifling. I am happy to say, in regard to the cabinet battery which I am criticising, that the deficiencies of which I am speaking are not now likely to be met with, as I am informed they were due to the negligence of employees who have been discharged by the company. Combining cells, commutators, current selectors, galvanoscope, rheotome, water rheostat and faradic coil, in a single elegant and compact piece of furniture, this regulator and battery is certainly a comprehensive and valuable apparatus.

The galvano-cautery battery of the Galvano-Faradic Company, is one constructed from suggestions made by Professor H. G. Piffard, of New York City, and is a simple and efficient instrument. With it the finer, as well as the coarser, sizes of platinum wire can be heated.

It gives me pleasure to call especial attention to the variety, beauty, and general excellence of the electrodes exhibited by this company. They comprise appliances for utilizing the application of electricity to every accessible organ and tissue of the body.

In a case about twenty feet in length, at N. 56, Dr. Jerome Kidder, of New York, exhibits a variety of handsome apparatus: a small warehouse of polished cabinet-work and glittering nickel plating. It is certainly a splendid looking exhibit, but is what might be termed a

"show" collection. If I am not much mistaken, I saw the same display at the meeting of the American Medical Association in 1872, and also at the Franklin Institute Exposition of 1874. Much of it would be too expensive and cumbersome for common use. Here, however, are the convenient and reliable faradic machines, with tilting cell or cells; useful and beautiful galvanic batteries, including, of course, modifications of our much modified friend Stöhrer, and other electric instruments and appliances long, well and favorably known to the profession.

Not far from Kidder's display is an attractive-looking exhibit of Pulvermacher's galvanic appliances for medical purposes—chain-belts or batteries, arranged for application to various parts of the body, in the form of garters, suspensories, bandages, straight chains, necklaces, etc. These appliances seem to have received the endorsement of some gentlemen eminent in the profession, both here and abroad; but I cannot testify to their value from personal experience. From my observations of the good palliative results obtained from comparatively prolonged applications of weak battery currents in some cases of spasm and tremor, I would be led to look for beneficial effects from any apparatus that would *certainly* furnish a feeble current of electricity so long as it was properly applied. It will be remembered by those acquainted with the history of medical electricity that Dr. Golding Bird advocated the employment of feeble currents, kept up for a long time, on the limbs, in certain forms of paralysis; and also that he experimented successfully in this direction with plates of silver and zinc connected by wire. The galvanic belts of Bréton Frères and Prudhomme, and the galvanic poultices of Récamier will also be recalled. Such contrivances have been chiefly used for rheumatism and neuralgia. The electric disks of Dr. Garratt are generally considered as reliable; and the chains of Pulvermacher, which I am here noticing, have acquired a wide, popular reputation. Yours, C. K. M.

Monobromated Camphor.

Ed. Med. and Surg. Reporter:—

I am aware that it is very difficult to correct an error after it has gained credence. The one to which I desire to call your attention is not confined to this country alone, but is met with also in Great Britain and France. I refer to the so-called monobromide of camphor, which many physicians persist in calling by the wrong name, instead of using the correct one, monobromated camphor. Prof. Deneffe, of Ghent, introduced this camphor derivative into medicine, and Prof. Hammond, of New York, was, I believe, the first one who experimented with it in this country, and all used by him at that time (1872) was made by me (see New York *Medical Journal*, 1872, May). Unfortunately, Prof. Hammond, in his valuable report on its effects, erroneously called it monobromide of camphor, supposing its composition to be $C_{10}H_{16}O,Br$. Laurent discovered the compound of camphor and bromine, $C_{10}H_{16}O,Br_2$, which is bromide of camphor, and easily decomposed on exposure to the air. By heating it in sealed tubes, Prof. Swartz, of Ghent, observed that it would decompose into hydrobromic acid and monobromated camphor, thus $C_{10}H_{16}O,Br_2 = HBr + C_{10}H_{16}BrO$; and the latter is the article which was made by him for Prof. Deneffe, and is now medicinally employed. In the *American Journal of Pharmacy*, August, 1872, I have reviewed the literature on this bromine derivation of camphor, and published a process for its convenient preparation, which, or modifications of which, is now generally employed in manufacturing it on a large scale. How stable the article is, under ordinary circumstances, may be judged by examining the handsome specimens which, in the Centennial Exposition, have been subjected to the ordeal of exposure and light and to the unusally high temperature of last summer.

The medicinal compound referred to above, and in the paper by Dr. I. J. M. Goss, in your issue of to-day (p. 350), is neither a bromide nor a bromate of camphor, but is monobromated (or monobromized) camphor; that is, camphor in which one atom of hydrogen is substituted by one atom of bromine. If a shorter name is desired, it should be *monobromo-camphor*, or, since a bibromated derivative is as yet unknown, *bromo-camphor* would, at present, not be incorrect. It is, however, not impossible that other bromated derivations of camphor may be discovered, several with chlorine being known, one having the formula $C_{10}H_{16}Cl_6O$. The name first suggested seems, therefore, the more appropriate one. John M. Maisch.

Philadelphia, Oct. 31.

News and Miscellany.

The Woman Question.

The bill which was passed at the last session of Parliament, permitting medical bodies to license female practitioners has finally settled the question in Great Britain. The fellows of the College of Physicians, of Dublin, have deliberately determined to admit Miss Edith Pechey to the examination for the L.K.Q.C.P.I., and have thus thrown open the portals of the profession to all comers, whether they be "persons" of the male or female sex.

The Ammonia Treatment of Snake-bite.

The report of a Special Committee of the Medical Society of Victoria is entirely adverse to the use of the intravenous injection of ammonia in the treatment of snake-poisoning. Their experiments entirely confirm the negative results of Indian experimenters; and Dr. M'Crea expressed the opinion at the Society, that to continue the intravenous injection of ammonia was to trifle with human life.

The Wheeling and Ohio County Medical Society

Has elected the following officers for the ensuing year: President, Dr. R. W. Hazlett; Vice-President, Dr. R. S. Harvey; Treasurer, Dr. J. C. Hupp; Secretary, Dr. H. C. Ulrich; Censors, Drs. E. A Hildreth, M. F. Hullihen and T. O. Edwards; Curator of Museum, Dr. H. C. Ulrich.

Personal.

—Dr. Charles S. Turnbull has removed to 1500 Walnut street, this city.

—Rev. William A. Muhlenberg, D. D., the founder of St. Luke's Hospital, New York, and author of the beautiful hymn, "I would not live alway, I ask not to stay," was recently presented with a purse of $20,000 by his friends, he having attained the age of eighty years.

Items.

—The *Lancet* steps aside from medical themes to urge the paving of the Strand with wooden blocks. If the English people allow themselves to be deluded into laying wooden pavements on such a street as the Strand, they have less wisdom than we credit them with. Let the *Lancet* inquire about Philadelphia's experience with wooden pavements.

—In a recent discussion on the budget in the Chamber of Deputies, in Paris, M. Lionville proposed that the salaries of the Professors in the Faculties of Medicine and Science in Paris should be raised from 13,000 to 15,000 francs. We regret to say the proposition did not pass.

QUERIES AND REPLIES.

Dr. G. S. S., of R. I.—Archebiosis is the term applied by recent histologists to the doctrines of the commencement of organic life.

Dr. F. D. D., of Miss.—Salicylic acid has not been found of use in chronic rheumatism, and is of little value except where the febrile symptoms are marked. For preparation, see last number of COMPENDIUM.

Quærens.—The amount of sassafras root in Dr. Fuller's formula, cur. vol., p. 313, seems small. It probably should read, an ounce and a half.

OBITUARY.

HON. GEORGE V. MITCHELL, M. D.

In Kishacoquillas Valley, Pa., July 21st, 1876, after a month's illness, Hon. George V. Mitchell, M. D., in the sixty-sixth year of his age. In his early years he studied medicine under Dr. A. Rothrock, of McVeytown, and continued his studies at Jefferson Medical College, in Philadelphia, from which institution he graduated in the year 1834. Immediately afterward he entered upon the practice of his profession in the Valley, where he obtained his wife, and continued that practice, with the exception of a few brief intervals, for forty years, until the time of his last sickness. His skill as a physician was certainly of no mean order, as is witnessed to by the medical society of which he was a most useful and learned member, and by those to whose ills he administered, who welcomed him gratefully to their bedside, reposing confidence in his judgment, "his counsel being always sound and good."

DR. G. W. PRINGLE.

At his home, in New Concord, Muskingum county, Ohio, October 12th, after a lingering illness, G. W. Pringle, M. D., aged sixty-three years, eight months and sixteen days. His life was a long ministry to the afflicted, he having practiced medicine at New Concord for thirty-two years. For several years preceding his death he was a member of the Presbyterian Church, and active in the discharge of both public and family religious duties. F. B.

BIRTHS.

TALLMAN.—Born, September 23d, 1876, Rutherford Hayes, son to Dr. George J. and Nini W. Tallman, Coffeyville, Kansas.

MARRIAGES.

ASHMEAD—PRICE.—In Brooklyn, Oct. 18th, 1876, at the residence of the bride's uncle, J C. Barton, Esq., by Rev. Mr. Homer, rector of St. James' Church, Dr. L. Preston Ashmead, of Florida, and Carrie A., daughter of the late W. W. Price, Esq., of Lake George.

BANGS—EDWARDS.—On Thursday, October 26th, at the residence of the bride's mother, by Rev. J. A. M. Chapman, D. D., Dr. L. B. Bangs and Miss Fannie A. Edwards, youngest daughter of the late William Edwards.

BEAK—HERMAN.—On the 2d of November, at the residence of the bride's parents, by the Rev. A. J. G. Dubbs, Dr. R. H. Beak, of Newburg, and Miss Annie H., daughter of Rev. A. J. Herman, of Maxatawny, Pa.

BENDER—CONLYN.—October 21th, in the Second Presbyterian Church, Carlisle, by Rev. J. F. Kennedy, D. D, assisted by the Rev. George Norcross, J. S. Bender, M. D., and Laura Conlyn, both of Carlisle, Pa.

CHADBOURN—KING.—In Wilmington, N. C., on Wednesday, October 25, by Rev. J. R. Wilson, D. D., James H. Chadbourn, Jr., and Blanche H., daughter of J. Francis King, M. D., all of the above place.

URQUHART—DICKENS.—At the residence of the bride's father, October 19th, by the Rev. William Suddards, George W. Urquhart, M. D., and Mary E. Dickens, all of Philadelphia.

DEATHS.

AYRES.—In Brooklyn, on Thursday night, Oct. 19th, of pneumonia, G. Disosway Ayres, M. D., in the 51st year of his age.

BERTHET.—On Sunday, October 15th, suddenly, of heart disease, Felix Berthet, M. D.

CUTTER.—At East Lyme, Conn., October 20th, of peritonitis, Dr. James B. Cutter, of New York.

MALONE.—Suddenly, at Gallatin, Tenn., October 29th, 1876, Dr. H. B. Malone, in the 47th year of his age.

PENDERY.—In Lincoln, Neb., October 23d, 1876, at 11¼ o'clock P. M., Dr. N S. Pendery, eldest son of Wm. D. and Mary A. Pendery, aged 42 years, 2 months, and 8 days.

THEBAUD.—On the 20th instant, Julius S. Thebaud, M. D., in the 49th year of his age.

WALKER.—On Tuesday, October 24th, at his residence, No. 3 Van Ness Place, Hamilton Walker, M. D.

THE

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Original Department.

Communications.

DESCRIPTION OF AN EPIDEMIC OF DENGUE.

BY JAMES W. HEREFORD, M. D.,
Of Mercer's Bottom, West Virginia.

An unprecedented flood in the Ohio river, during the month of August, 1875, destroyed thousands of acres of green corn, and other crops, in this vicinity, which, being mixed with the sediment deposited by the receding river, and all left exposed to the action of the intensely hot weather which immediately followed, produced a most sickening stench, and impressed every one with the idea that some dreadful pestilence would result therefrom. Contrary, however, to all our predictions, the fall and winter of 1875 passed away without any great increase in the number or malignancy of our ordinary diseases, and it was not until the previously overflowed lands had been broken for the spring crop of 1876 that anything occurred directly traceable to the flood of August, 1875.

About this time, intermittent fever, dumb ague, masked chill, malarial roseola, splenitis, and other malarial phenomena, began to be of frequent occurrence, all of which were accompanied by more than the usual amount of bone-ache, and required double or treble the quantity of quinine to break them up and prevent a recurrence that such diseases usually do.

Finally, on the 1st of May, 1876, I encountered the first well-marked case of what, during the late war, I saw a great deal of in the South, under the name of dengue, or breakbone fever. This case may be regarded as a fair average, in severity and duration, of the whole number of cases which fell under my observation during the past summer. I will therefore give it in detail.

The number of cases treated during the summer was twenty-two.

Case 1.—May 1st, 1876, I was called to see J. G., a farmer, aged thirty years, supposed to be laboring under acute rheumatism. He seemed to be suffering the most intense agony I had ever witnessed in the human subject, occasionally becoming so frantic that it required several attendants to keep him in bed. His own description was that his bones were being ground up in a bark-mill, and his joints crushed by a blacksmith's vise. On inquiry, I found that the paroxysm came on regularly at ten o'clock every morning, and continued without any mitigation until four o'clock the next morning. A slight remission would then occur, lasting until ten o'clock, as before mentioned. No swelling, no tenderness, or other indication of arthritic inflammation was present. The bowels were constipated, the tongue much swollen, and with a foul, pasty coat extending clear under its tip. No appetite for food. Stomach very irritable. Skin bathed in perspiration. Body temperature very high, but extremities cold as marble. Pulse 120, full and strong. Urinated very little at a time, and that with great difficulty. His mind was clear. He had not slept a moment since first attacked, three days previous to my visit. As I arrived near the time of the expected remission, I concluded to remain until that event occurred. In

the meantime I attempted to administer chloroform by inhalation, and at first with some degree of success, but owing to the irritable condition of the stomach I was obliged to desist, as it seemed to produce the most distressing nausea. At four o'clock he appeared somewhat easier. Pulse 100. Extremities beginning to warm up, which had been encouraged by the use of jugs of hot water to the feet, and mustard draughts to the wrists and ankles. The following was prescribed:—

℞. Quiniæ sulphatis, ℥ss
Hydrargyri submuriatis, gr.xv. M.

For three powders. One to be taken at four o'clock, one at seven o'clock, and the last at nine o'clock. If the paroxysm recurred, he was to take:—

℞. Pulveris doveri, ℥ij
Hydrargyri submuriatis, gr.xij. M.

For twelve powders. One to be given every hour, until the pains were relieved. At midnight he was to take an ounce of olei ricini, with twenty drops of olei terebinthinæ, in hot whisky toddy. As a local application, the following was directed to be frequently applied:—

℞. Tincturæ aconitæ,
Tincturæ opii,
Tincturæ camphoræ,
Chloroformi, āā ℥j. M.

For the difficult micturition, he was ordered a tablespoonful, every four hours, of the following mixture:—

℞. Sodæ carbonatis, ℥iij
Spiritûs nitratis dulcis, ℥j
Aquæ menthæ piperitæ, ℥v. M.

The whole plan of treatment was strictly adhered to, and had the effect of prolonging the remission until two o'clock P. M., at which time the pain and fever again occurred, with unmitigated severity. The opiate was given as directed, but with very little relief. The oil and turpentine given at midnight operated by four o'clock, and as the remission came on at this time, he felt much better. This day he had ten-grain doses of quinine every three hours until six doses were given. Paroxysm postponed to nine o'clock in the evening, when it returned, and continued on through the night with apparently greater intensity than ever, although he had a grain of sulphate of morphia every hour during the night, given under my own personal supervision. A drachm and a half of quinine was given the next day, which shortened the paroxysm an hour or so, but did not lessen the intensity of it, while it was on, a particle. This night I had the patient immersed in a barrel of water as hot as could be borne, and allowed him to remain in it twenty-five minutes. He was then rolled up in blankets, and put to bed, and soon broke out in a profuse perspiration, after which he slept well until morning, his first sleep since the beginning of the attack. An eruption made its appearance this morning, which very much resembled that of rubeola. This I thought was a final solution of the whole matter. I thought that the obstinacy of the disease was owing to the tardy appearance of the eruption. The tongue had lost its foul, pasty coat, and assumed a smooth, silvery or scalded appearance; the tip and edges still fiery red. Although there was now a profuse diarrhœa, I thought his general condition was somewhat better, as his appetite had improved a little, and his suffering was not so great. The quinia, in five-grain doses, combined with the same quantity of Dover's powder, was given steadily through the day, at intervals of two hours. The paroxysm appeared several hours earlier to-day than usual, and lasted all night without a single interval of rest. The hot bath was again resorted to, but it absolutely seemed to aggravate his sufferings. He had opiates almost *ad libitum*.

As I had become nearly as desperate as my patient, and thinking that the non-action of the medicines might depend upon their not being absorbed when taken into the stomach, and not having a hypodermic syringe, I had several small fly blisters drawn over the most painful points, and at one time sprinkled a grain of sulphate of morphia on the denuded surface, but no effect whatever toward mitigating the pain was produced by this method.

In addition to large quantities of morphine, given as before stated, he took by inhalation four ounces of sulphuric ether during the night, but without any effect toward relief. Opiates, given in any quantity consistent with the safety of the patient, I consider utterly useless. I have kept the pupil of the eye contracted to the size of a pin point for hours and days together without any stupefying effect. My patient up to this time had taken over a half ounce of quinine, without its ever having produced its characteristic effect on the brain. Conceiving the idea that the firmly contracted

state of the pupil, caused by the action of the opiates, in some inexplicable manner interfered with the action of the quinine, I concluded to substitute belladonna, an agent that, if given in sufficient quantity, would allay pain and dilate the pupil. I immediately put my conception into practice. He was ordered a grain of extract of belladonna every four hours, alternated with ten grains of quinine, and I soon had the satisfaction of witnessing the peculiar effect of the mydriatic, followed by the loud complaint from my patient that his ears were ringing as if all the bells of London were turned loose in his head at once.

From this time on all was clear sailing. The paroxysms of pain became lighter each day, under the influence of the belladonna and quinine, until the night of the eighteenth day of the attack was passed without a single twinge of pain. He was now placed on small doses of quinine and carbonate of iron, but his convalescence was extremely slow and tedious. The extensor muscles of the lower extremities were entirely paralyzed, and the general prostration was extreme. He began to improve under the use of an elixir of quinine, iron and strychnia, and at this time, October 14th, he has almost entirely regained his usual health and strength.

Of my other cases, all I have to say is, that they were of every grade of severity, from even worse than the case just related down to cases so mild as to be with difficulty recognized. Fortunately, most of them came in after I had the experience gained by the treatment of my first case, and of course had the benefit of it. I lost but one case out of twenty-two treated, and that a child of three years of age, which died in convulsions, with the eruption fully out.

PUNCTURED WOUND OF THE RECTUM.

BY J. W. COMPTON, M. D.,

Of Evansville, Indiana.

In the REPORTER, of October 21st, 1876, there is reported an interesting case of punctured wound of the rectum and its treatment, and recovery, by Dr. W. Stump Forwood, of Darlington, Md. A somewhat similar one having recently come under my own observation, I beg leave to give a brief history of the case, the treatment and the result.

On the third day of October last I was called upon, in the early part of the night, to visit C. M., a farmer, twenty-four years of age, residing two miles from the city. At my request, my partner, Dr. W. S. Ross, accompanied me, and on reaching the residence of the wounded man we obtained the following history of his case:—

After it was dark he went to a field to milk his cow, and found her in a part of the field where the corn had been recently cut down with a corn knife made from a scythe blade. The roots of the corn still remained firmly in the ground where they had grown, and the stumps of the stalks were from nine to twelve inches high, and as sharp and dangerous as the point of a sword.

In attempting to let himself down suddenly, in a squatting position, by the side of the cow, he came down on one of these sharpened corn-stalks, and the weight of his body and the momentum given to it thrust the frightful stalk several inches into his flesh; but rising up suddenly, and the root of the corn being firmly in the ground, the stalk was withdrawn from the wound, which, on examination, proved to be one and a half inches from the anus, on the right side, and half that distance from the raphe perinæi. I introduced a finger into the rectum and a silver probe through the wound. The probe met my finger in the rectum one and a half inches from its external outlet, and by lateral motion of the probe I ascertained that the wound in the mucous membrane of the rectum was about one inch in width. This examination left no doubt that the rectum had been punctured. Being apprehensive of the establishment of a fistula in ano, I apprised my patient of the danger, and the importance of a strict observance of instructions, and the treatment I should adopt to try to avoid such a misfortune.

This being a wound so rarely met with in practice, I had no precedent to follow in this emergency, and was under the necessity of bringing to my aid what Dr. Forwood's teacher, Professor Gibson, so emphatically recommended when encountering difficult cases in practice not laid down in the "books," that is, "principles." Having principles in view, the treatment adopted consisted in confining my patient strictly to the recumbent posture for five days, not even permitting him to get upon his feet to void his urine, adhesive strips to hold the external wound in apposition, and the administration of one grain of opium every four hours, night and day, alternated, when fever super-

vened, with one grain of opium, one grain of ipecacuanha and eight grains of sulphate of potassa, every four hours, together with moderate diet and absolute rest.

The principles to be observed in this case were, that rest in the recumbent posture would prevent the abdominal viscera from pressing down upon, disturbing, and preventing the wounded rectum from healing by the first intention, which I so much desired it to do.

By keeping up a steady and continuous sedative and astringent action of the opium, secretion would be arrested and the peristaltic action of the bowels kept in abeyance.

On the fifth day after the wound was received I removed the adhesive strips, and found the external wound securely united, and but a slight scar remained to show where the terrible wound had been. I then administered purgative doses of pulverized jalap and bitartrate of potassa every three hours, in order to secure fluid discharges and an easy evacuation of the bowels, which had not been moved since the day the injury was received.

Under this treatment no fecal matter ever passed through the wound, but has continued to pass only *per vias naturales*, and my patient fortunately escaped the unpleasant consequences of a fistula in ano.

November 6th, 1876.

THE TREATMENT OF DIPHTHERIA.

BY J. H. NOWLIN, M. D.,

Of Rome, Georgia.

In your journal of September 2d (ultimo), I was much gratified on reading a short extract from the Edinburgh *Medical Journal*, in which Dr. W. Yeats promulgates the opinion that in the treatment of diphtheria "more dependence should be placed in the general than in the local treatment, and that the general treatment should be stimulating, in the full sense of that term." This is unquestionably the true doctrine, and upon its rigid, energetic and unrelaxing application depends the cure of every malignant case of this fearful disease; without it, a cure is out of the question in all such cases.

With much interest I have read all the published reports on the treatment of this disease that have come within my reach. I have been struck with the fact that the most successful plans of treatment reported have been the most strictly and energetically stimulating and nutritive. To effect a cure, the blood-poison must be neutralized, or the system supported until it is eliminated. I have seen death take place after the throat disease appeared to be cured, and no trace of it to be seen.

Since the publication in the REPORTER, of October 30th, 1875, of a synopsis of my views and treatment of diphtheria, it has prevailed in this city and the surrounding country to an alarming extent, many deaths having marked its progress among children from one to two months to ten to twelve years of age.

The treatment adopted in the fatal, as well as in the milder cases (many of which always recover with little or no treatment), so far as I have been able to learn, has consisted in caustics, locally, and iron and quinine, constitutionally. This treatment, I believe, has never succeeded in a single malignant case, and to me it is astonishing that sensible men and good physicians still adhere to caustic applications, notwithstanding the experience of every one, as well as all late "authorities," to establish its worthlessness, to say the least of it.

In my own practice, which has been extensive, and up to the present time, my treatment has been that, and that only, mentioned in the article above referred to, with the result of recovery in every instance. In some families every member, old and young, were attacked, and in quite a number of cases "croupy symptoms" had been developed, probably, in some cases, twenty-four hours before my treatment was begun. Within the last two or three weeks, my friend, Dr. W. D. Hoyt, of this city, has, by the same plan, succeeded in a membranous croupy case after hope was almost abandoned.

I am fully convinced that the constitutional treatment I use will dissolve, break down, and cause to be removed, the false membrane, in all cases in which it is fully adopted and persevered in, if begun (before the blood is deteriorated) sufficiently early in the progress of the disease to secure its full influence before fatal symptoms are developed, and that it entirely supersedes the necessity for surgical interference. These statements may seem dogmatical to some, and if so, I only ask a fair and impartial trial of the plan, and results will speak for themselves. As many of the readers of the REPORTER may not have seen the article above referred to (in the number of the 30th of

October, 1875). I will add the equivalents of the formulæ then given :—

℞. Alcohol, or any strong spirits, ℥vj
Spirits lav. comp.,
Spirits ammon. aromat., āā ℥j. M.

Sig. From a teaspoonful to two tablespoonfuls, according to the age of the patient, and repeat in four, two or one hour, according to the grade of the disease and urgency of the symptoms, continuing night as well as day, till the improvement of the symptoms will permit longer intervals.

℞. Saturated solution of potass. chlorat, ℥iv
Tannic acid, ℥j-ij. M.

Sig. Use several times a day, by means of a mop, or as a gargle, to remove from the throat the morbid deposit as it loosens under the dissolving influence of the use of the first prescription. The mop should be large and introduced, well saturated with the mixture, between the tonsils to the posterior wall of the pharynx, and gently rotated.

In number 10 of your present volume (Sept. 2d), I saw also another, to me, very interesting and important statement, from the Edinburgh *Medical Journal*, as presented by Dr. W. Yeats, viz., that "I (he) am inclined to believe with Sir William Jenner, Dr. George Johnson, Dr. Semple, and others, that membranous croup and laryngeal diphtheria are identical." This has long been my opinion. During an experience reaching from 1842 to the present time, I have never seen a case of membranous croup which was not, in my judgment, diphtheritic; so that I have been forced, from actual personal observation, to the conclusion reached by the above distinguished members of our profession, notwithstanding the statements of "authorities" to the contrary. Besides, I am wholly unable to conceive of any reason, whether anatomical, physiological, or pathological, why the mucous membrane of the larynx and trachea should, under the ordinary circumstances of inflammatory action, throw out a false membrane, when no other portion of that extensive, widespread membrane in the economy shows any such tendency under any other than strictly diphtheritic states of the blood. Verily, the old doctrines upon this subject seem to me ridiculously absurd.

—The approaching edition of the Medical Register and Directory of the United States is now in press; it will be ready for delivery some time during the coming month.

HYPODERMIC INJECTIONS OF CARBOLIC ACID IN NEURALGIAS.

We find the following remarks on the above treatment in *Allgemeine Medicinische Central Zeitung*, No. 72, 1876, contributed by Dr. Merten, of Neuwedell.

In Nos. 61 and 62, 1875, of this periodical, Dr. Schulz published a few cases of neuralgia cured by the subcutaneous injection of a solution of carbolic acid. I have recently had the opportunity of treating several cases similarly, and with beneficial results; a few of the most important will now be given.

1. Miss B., aged nineteen years, slender but not chlorotic, has been treated by me during more than a year, for manifold hysterical symptoms. By degrees the left eye became affected with almost complete hemiopia, as well as strabismus and ptosis, so that the slit between the lids of that eye presented a very contracted appearance. Repeated examinations with the ophthalmoscope gave no results. Injections of strychnine in the temporal region produced temporary improvement sometimes. After some months severe neuralgia suddenly attacked the malar branch of the facial nerve on the affected side. Three-fourths of a Pravaz' syringeful of a two per centum solution of carbolic acid was injected subcutaneously in the neighborhood of the nerve. This produced intense burning pain, with great redness and swelling of the integument at the point of injection.

After the expiration of one hour, there was a complete cessation of all pain. On the next morning I observed that the strabismus and ptosis had vanished entirely, and that no pain whatever remained; the patient also stated that the hemiopia had become much less marked. I proposed a second injection for the latter symptom, but the patient has not yet reappeared.

2. Mrs. S., aged thirty-three years, had a sudden rigor and fever, from an attack of *ovaritis sinistra*. I was consulted on the third day, and found the patient suffering with severe pain in the anterior portion of the left hip; ordered applications of ice to the ovarial region and morphine internally. Next day the ovary was less sensitive; the pain had grown more severe in the external cutaneous nerve of the thigh, and there was almost unendurable pain in the region of the anus while defecating. That evening gave a hypoderm of one syringeful of a two per centum solution of carbolic

acid in the vicinity of the left anterior superior spinous process of the ilium. No phenomena at site of injection; good sleep; no fever; pain had almost vanished the following morning. A second injection in the same region was succeeded by a lasting discontinuance of all the pains, including those in the ovary, the hip and the anus.

3. Matilda K., aged twenty-four years, washed clothes in a creek for hours, while her menses were on; the same night severe pains appeared in her back, and in the posterior portion of her left leg, so that she could neither sleep nor leave her bed. Alcoholic liniments were applied for two days, with increase of pain and continuance of sleeplessness; I then saw the patient and diagnosed suppression of the menstrual flow and sciatica in the left limb. One syringeful of a $\frac{2}{100}$ solution of carbolic acid was injected subcutaneously over the gluteus maximus muscle, in a line with the point of emergence of the great sciatic nerve from the pelvis. The patient resided in the country and was not seen again for several months, when she stated that two hours after the injection pain ceased in her leg and she went comfortably to sleep; next day she was able to leave her bed and go about her work. At the proper time her menstrual flow reappeared.

4. Mr. L., aged thirty-eight years, slept all night near an open window, and had pain in the integument of the right side of his neck on the following morning. He applied the cold water bandage of Priessnitz, which increased his malady. On examination it was found that all the movements of the cervical muscles were possible without pain. A hypoderm of one Pravaz' syringeful of the $\frac{2}{100}$ solution of carbolic acid produced a cure.

Of these cases, the first will probably excite most interest, because it not only illustrates the anæsthetic action of carbolic acid, but shows that it restored the lost tonicity of the muscles involved through a stimulating action upon the nerves supplying them, a phenomenon which might well demand of us that carbolic acid injections should be given a trial in other motory disturbances.

—We shall soon commence a series of Lectures on Electro-Therapeutics, by Prof. Mills, which will be found of much interest.

Hospital Reports.

ORTHOPEDIC AND NERVOUS INFIRMARY.

CLINIC OF S. WEIR MITCHELL, M. D., MAY 1st, 1876.

REPORTED BY C. C. VANDERBECK, M. D.

Case 1.—Girl, aged 16. On the 11th of February, 1876, this young lady fell while carrying some glass ware, breaking the article, and severely cutting her right palm. The wound healed easily and quite rapidly. In a very short time, however, neuralgia of the palm arose, particularly severe whenever she attempted to use the hand. By testing with the esthesiometer, you notice anæsthesia of the first finger exists to a marked degree. You also notice the glossy, swollen appearance of this same finger, due to nutritive changes from imperfect nervous influence. We see numerous illustrations in this hospital of peculiar changes in the skin and its appendages, depending upon affections of the nerves. In fact, we have a curious illustration of this in the colored woman sitting by the door. She has suffered with neuralgia of the left arm and hand for a long time. See what a peculiar condition the nails are in! So rough and scaly! It might be called psoriasis of the nails. But to return to the young woman, what shall be done for this excruciating pain, this anæsthesia, and nutritive changes? The question now arises, what is the cause of all this trouble? There has been here an injury of the median nerve or some of its terminal branches, followed, doubtless, by a local neuritis. This satisfactorily accounts for her present condition. Let us, therefore, base our treatment upon this idea of the causation, applying a series of blisters along the course of the nerve, and the galvanic current thrice a week. The negro woman, above referred to, is taking Fowler's solution of arsenic.

Case 2.—Infant, female, aged twenty months. Pseudo-infantile paralysis. This, gentlemen, is one of a class of cases that appear quite often at this institution. At first sight, you might think this a case of infantile palsy. There is more or less loss of power. The child cannot walk—has never walked. This is not, however, genuine infantile palsy. There is a marked rickety condition here. Look at these long bones; you see the radius of each hand enlarged; a characteristic sign of rickets. There is marked emaciation of the entire body, of adipose tissue as well as of muscle. The face is thin, the bones prominent, and clearly indicating a cæhexia. Now, in true paralysis of infancy, it is a remarkable fact that the general

health is excellent, the functions of vegetative life going on undisturbed. Another point I should have called your attention to, is the condition of the mouth—not a tooth has yet appeared—further proof of a cachexia.

In treating this case, the powers of digestion and nutrition must be strengthened, and more earthy matter must be supplied to the osseous system. Such a combination as this will answer :—

℞. Ol. morrhuæ, ℥ij
Calcis phos., gr.j. M.
Sig.—Take at one dose, ter. die.

I also desire a systematic course of shampooing and kneading of the body to be carried on. [About two months afterward she was restored to perfect health.] The faradic current is not of the same value in these cases as in the true infantile paralysis.

Case 3.—Emma Morse, aged 14. Chorea. This girl always enjoyed good health until four years ago. The family history is good. She never had any rheumatism, nor has she yet menstruated. About four years ago, in the autumn, she was seized, after a fright, with choreic movements in the right foot, never occurring upon the left side. This first attack lasted four or five weeks. The following spring she had a relapse, and every spring and autumn since she has had just such an attack of chorea. The spring seizures are always the worst. No heart murmur. This present attack began last February—three months ago. Prescribed thus :

℞. Liq. pot. arsenitis, ℥ss.
Sig.—Three drops ter. die., and increase one drop a day until constitutional symptoms arise.

I rely chiefly, gentlemen, upon arsenic in chorea. It is our sheet anchor here. We often try other things, but invariably come back to Fowler's solution. We attend to the secretions, to anæmia, or local irritations, as worms, etc., first, but if there is a specific for chorea it is *arsenic*.

We have given a fair trial to gelseminum, but find it of doubtful value. I think some practitioners fail with arsenic on account of fear. To do good with arsenic it must be pushed, and it is surprising what large doses may be reached in the young. This drug need not be feared, in fact, as much as those medicines that depress or suddenly paralyze the heart. Such medicines as gelseminum and aconite are tricky; they must be carefully watched. Arsenic, however, can be withdrawn long before any serious impression is made upon the system. I shall never forget the lesson I learned, when a young man, about the use of arsenic. I had a terrible and obstinate case of chorea; I used small doses of Fowler's solution. The child did not improve. One day an old woman saw the case, and asked the mother why she did not give arsenic. Well, this matron prescribed for the boy; she puffed up the face hideously with the arsenical treatment, but she cured the chorea. The moral is, "don't be over-cautious in treating chorea with arsenic."

Case 4.—Gentlemen, I show you in this ward three bed cases, as I call them. three young women suffering with no real organic disease, but who are hysterical and anæmic, with prostration of the nervous system. These are curious cases; languid, unambitious, unhappy persons. They feel as if they were no good to themselves or to any one else. I have a novel and successful mode of treating this class of patients, by rest, perfect quiescence. I mean absolute rest, in bed, and imperative quietude. No reading of novels, or sewing, not moving the arms or hands in any way or for any purpose. They are fed, moved, when necessary, etc. In fact they are given a good dose of quiet. Simply going to bed is not sufficient. If they are allowed to sew and read, and have a good time of it, there is danger of their becoming a fixture; you may then have trouble in getting them out of bed. By the plan I have described, in connection with tonics, iron, and a nutritious diet, they can be perfectly cured in a month or two. In regard to iron, I use it freely, ordering an ounce of the oxide of iron to be put in a gallon of water, with some lemon juice, making a muddy mixture, and giving a wineglassful three times a day. Iron not only improves the quality of the blood, but it is a direct tonic to digestion and to the nervous system. Can the muscular tone of these patients be kept up during such protracted and absolute rest? Oh yes. The faradic current must be applied to each and every available muscle and muscular fibre, and a systematic course of friction, rubbing and kneading is carried on. The patients, under this treatment, fatten wonderfully, often at the rate of one half to three-quarter pounds a day, and they leave the institution fleshy, and with the color of health, invigorated in body and in mind. Let me impress upon you the importance of having this plan strictly carried out. All medication is an evil, but it may be a less one than the disease to which it is applied. The evil tendencies of modes of treatment must be obviated as much as possible. Rest is not a normal condition of the body. Due activity of mind and body, of organ and tissue, is health. The evils of resting in bed are obvious, but by care they can be reduced to the minimum, and the final good result far overbalance these transitory evils.

I must caution you as to your after treatment of these cases. They must not be allowed to overdo; the getting up must be gradual, passive motion alternating voluntary movements. If this care is neglected, they may suffer with a relapse. Once well, however, they look back upon their former life as if it were a dream.

Case 5.—Boy, aged 19. Epilepsy. This young man has always enjoyed good health until last August, at which time he had a sunstroke. Very shortly after this he was seized with well-

marked and fully formed epileptic attacks. They occurred monthly at first, but now happen as often as once a week. He is quite simple for a day after each attack. This case is interesting only in the probable causation being a sunstroke. There is no history of epilepsy in the family. It may be a questionable point whether such a cause could produce epilepsy, without some peculiarity of nerve tissue, or a predisposition favoring the development of such a disease, brought into activity by some exciting cause, such as over-heating. I have seen four or five cases in private practice that were caused by sunstroke, there being no family history of the malady. Sunstroke is a fertile source of many nervous diseases, and very likely it can be a direct cause of epilepsy.

Case 6.—Woman, aged 50. This patient has been here before, and has been diagnosed as a case of paralysis agitans. When she was at her worst, whether sitting or standing, her whole body was in a tremor. You notice now, gentlemen, that she is comparatively quiet when she is sitting. She has been taking tincture of hyoscyamus. I have found this drug of some value in controlling tremors, and it has most certainly favorably affected this case. Hyoscyamus must be pushed to obtain any decided beneficial effect in paralysis agitans. There are times when the tremor of this disease is increased, then hyoscyamus seems to be especially useful.

Case 7.—Man, laborer, aged 50. This man tells us that on the sixth day of last August (1875), he was seized, without any assignable cause, with cramps in the right thigh. He then discovered that he could not walk with ease, that he had a sense of weakness and soreness of that limb. This soreness very soon deepened into pain, or a burning sensation, attended with numbness of the feet. In asking him to point out the situation of the pain, you notice he traces, with anatomical precision, the course of the right sciatic nerve. The sensation that he calls numbness is a lessened sensibility, short of anæsthesia—a feeling of pins sticking in the flesh, or of the passage of the faradic current, or of a foot asleep. In fact a foot asleep is naught but perverted sensibility, due to pressure. This numbness was formerly thought to be a sure sign of incipient palsy. It is not so. It is a symptom belonging to various nervous conditions, as hysteria in aged and weakly persons, etc. It is not so serious a symptom as imagined by many. When loss of sensibility, or anæsthesia exists in a person *not hysterical*, then it is a sign of warning, a symptom not to be slighted. He complains also of headache, but judging from his anæmic, malarial look, I imagine this to be due to impoverished blood. You must remember headache may be caused by anæmia and vitiated blood. He says he has never had chills and fever, but he comes from a malarious district.

In treating this case the watery condition of the blood, the impaired general health, the possible influence of malaria, must be remembered. I shall put this patient upon this treatment—galvanic current to the affected nerve, three times a week, and pills of this kind:—

℞. Quiniæ sulphatis,
Ferri sulphatis, āā ℈ij
Strychinæ sulphatis, gr.$\frac{3}{4}$
Acidi arsenitis, gr.j
Extracti aconiti, gr.x. M.
Fiat pil. No. xl.
Sig.—Two pills every eight hours.

Case 8.—Man, aged 35 years. Supra-orbital neuralgia.

Cases of neuralgia are so frequently seen by you that much time need not be spent upon this case. I would like to call your attention to several facts of neuralgia, illustrated by this case. It is curious how often facial, or, indeed, any neuralgia, is upon the left side. By far the greatest number of cases are affected on this side. I can give you no explanation. I simply state it as a fact.

Again, specific facial neuralgia is most often in the supra-orbital division. Why, I know not; yet it is a well-known fact. This patient gives us a clear syphilitic history. In all probability, the neuralgia is a specific one. Based upon this idea, let us give him iodide of potassium and bichloride of mercury:—

℞. Potassii iodidi, gr.v
Hydrarg. chloridi cor., gr.ss. M.
One dose, ter die.

Gradually increase the dose to twenty grains, ter die. I always begin with small doses of iodide of potassium, for some persons are poisoned by it. I sat up all one night with a patient to whom I had given five grains of this salt. He suffered with terrible coryza, and his face was so swollen as to appear much like a case of erysipelas. I began afterward with one-eighth of a grain, and gradually reached two grains, which sufficed to cure the disease for which it was given.

Case 9.—Man, age 18. Right lateral spinal curvature. I call your attention to this case, to show, more particularly, a curious fact in regard to the relative muscular power of the muscles on each side of the curvature. You see, as I apply the faradic current, that the electric reaction of the muscles on the convex side of the curve, are stronger than those on the opposite side. I have never seen this described in books upon the subject, nor heard any one speak of it, yet I have tested sufficient number of cases here to believe it to be a constant accompaniment of lateral curvature. The query is, however, is this a cause or effect of the spinal distortion? I cannot yet positively decide. Possibly it is a cause. In slight cases, applying electricity to the weaker, paralyzed (?) muscles of the concave side is a valuable mode of treatment. Sufficient in some cases to cure, in all cases aiding the other means used. Thus the benefits obtained from treating with electricity, favors the opinion that the curvature is due to weakened or palsied muscles on the side opposite the curvature.

Medical Societies.

COLLEGE OF PHYSICIANS, OF PHILADELPHIA.

At the regular meeting, October 4th, 1876, a paper was read, describing a case of

Thrombosis of the Cerebral Veins,

by Arthur V. Meigs, M. D., Assistant Physician to the Children's Hospital. The patient was under the charge of Dr. J. Forsyth Meigs, in the Pennsylvania Hospital.

M. B., aged 20 years, was admitted October 12th, 1875. She was born in Ireland, is single, and her occupation is that of servant in a boarding house. She was brought into the house in a semi-comatose condition, so no history can be obtained from her personally. Her friends say that she has only been in America for a few months, and that she was "brought out here," that is, that her passage was paid for by a man to whom she was engaged to be married. She has been working very hard to pay back the money, but soon after her arrival in this country her lover began to neglect her. Between the mental depression caused by her lover's desertion, and the hard work she has done, she has been declining in health since about August.

Five days before admission into the hospital she was seized with vomiting and headache. The headache continued for three days, when it ceased, and she seemed better. The day before she was brought into the hospital she became very drowsy and stupid. Her bowels are said to have been regular, and she has had no difficulty in urination. Her menses are regular also.

October 22d. She seems much better, is perfectly intelligent, and talks without any difficulty. She was given an enema, and had a hard passage after it.

October 23d. She was found this morning completely comatose, and the choreic movements have ceased. There is opisthotonos, with occasional clonic spasms, during which she breathes stertorously. The spasms seem to be brought on by any irritation. The eyes are staring downward, and the lids are partially closed. There is profuse sweating and incontinence of urine; the pulse is frequent, and the conjunctivæ are insensible. She complained of headache yesterday evening, and the bad symptoms came on during the night. She died at five o'clock P. M.

The post-mortem examination was made by Dr. Longstreth, the curator, four and a half hours after death. On opening the right lateral ventricle, abundant blood-stained serum escaped. The septem lucidum was destroyed. The right choroid plexus showed its veins filled with firm black clots, although the general surface did not appear congested. There was a firm, black clot in the vein coming from the right corpus striatum, and the venæ Galeni were plugged. The clot continued as far as the straight sinus. The left choroid plexus had one or two veins filled with clot, and these were toward its continuation into the posterior and middle cornua. The color of the villous processes of the membrane was light pink. The body of the fornix was so softened that it broke in the attempt to reflect it. The right corpus striatum appeared of a dusky red color, maintained its outline, but was almost diffluent, easily breaking down under the finger. On section, the dusky-red color was found about half an inch in depth; below, the tissue, although much softened, was firmer and of natural hue. The change of color between the two areas was very sudden. The right optic thalamus was completely disorganized, and in the softened tissue there were minute blood clots. The walls of other parts of this lateral ventricle were markedly softened, but less so than the parts described. In the left lateral ventricle the softening of the walls was very general, especially marked at the corpus striatum and the roof of the posterior and middle cornua.

It was difficult to make out the boundaries of the third ventricle, owing to the destruction of the neighboring parts. When examining the base of the brain, the floor of the third ventricle ruptured spontaneously, and a considerable quantity of fluid escaped. A large area of softening was found in the middle and posterior lobes of the left hemisphere, extending from the surface to the posterior and middle cornua of the lateral ventricle. The softening was most marked superficially, and extended from the level of the ventricle toward the base. Portions of this area were diffluent, and after section slowly drained away, leaving islets of firm white substance. The veins running between the convolutions of this area were found filled with black clots. The cerebellum was normal.

Dr. William Hunt, who saw the brain, notes as follows: Above the corpus callosum, nothing marked beyond injection; below, on the right, very extensive softening all along the borders of the ventricles, which were almost obliterated by the broken-down material in them. The corpus striatum and the thalamus were almost entirely broken down. On the left, the softening was confined to the middle and posterior lobes. There was thrombus on the right border of the velum interpositum. The choroid plexus was enormously injected, and showed large bead-like deposits in its walls, almost completely filling the middle and posterior horns of the lateral ventricle on the left.

With regard to the cause of the coagulation, it really seems as if it had been produced by the mental distress undergone. The history of the patient reveals none of the usual causes; there was no suppuration of any part, nor any chronic exhausting disease. On the contrary, she had always been a healthy woman. And why should not constant mental depression and anxiety gradually produce general weakness and debility, and thinning of the blood, until finally it might coagulate in the veins?

The diagnosis was a very difficult one to make. No more so than in the case of many other brain lesions, but for the fact that, the disease being a very rare one, we cannot know it as well as other diseases which are more common. Dr. Meigs was able, a day or two before the death of the patient, to pretty well satisfy himself that the case was one of cerebral thrombosis. At first it presented many of the symptoms of tubercular meningitis; severe headache, and occasional unprovoked vomiting, following failure of general health for some months. The patient was young; her temperature was only very moderately elevated, and her circulation was quiet. All this was very like effusion following tubercular meningitis. But the paralysis was unlike that usual in tubercular disease; it was hemiplegic, and the hemiplegia was quite developed, although incomplete.

After a few days the conditions seemed even less like those of meningitis. The patient became quite intelligent; was able to answer questions, although slowly; and seemed to understand perfectly what was said to her. Then there was the irregularity of the voluntary movements. The muscles of the left side of the body jerked so much as to cause the case to resemble a high degree of chorea. This condition was very striking, and taken in connection with the return of intelligence and the power to sit up in, and even get out of, bed, seemed to demand some other explanation than that of tubercular meningitis. In seeking such other explanation, it was recollected that the patient was said to have been a blooming, healthy-looking girl when she landed in America. Soon after her arrival she was exposed to bitter disappointment and mortification, being deserted by a young man to whom she was engaged to be married. From that time she began to decline in health, losing appetite, strength, and color, and soon becoming very anæmic. The idea suggested itself that perhaps the thin blood, and slow and languid circulation, might have allowed the deposition of fibrin and consequent formation of thrombi in some of the cerebral vessels. Then would follow deficient blood-supply to certain areas of the brain, anæmia of those parts, and finally softening.

The termination of the case was by what the French call *apoplexie foudroyante*, effusion into the ventricles of the brain. In a single night the patient became perfectly comatose, the choreic movements ceased, and there was opisthotonos with occasional clonic spasms, the eyeballs being strongly drawn downward. Of course death took place in a few hours.

VERMONT STATE MEDICAL SOCIETY.

This Society met at Montpellier, Vermont. Dr. L. C. Butler in the chair. In his address, he said:—

"I would recommend that a committee be appointed by this Society to memorialize the Legislature, now in session, for the appointment of a Sanitary Commission of three suitable persons, whose duty it shall be to examine the laws of the State now in force relative to the public health and the prevention of contagious and other diseases, and make a full report, with such legislation as they shall deem necessary, to the next session of the Legislature or meeting of this Society.

A commission of this kind might be authorized to communicate the information upon Sanitary matters they obtained from time to time to the people, previous to the time mentioned, and to give counsel and advice in case of epidemics in the State. By such a commission the necessary legislation might be so far matured as to bring the matter fully before the Legislature and attain the end sought more surely, the object being investigation and examination with a view to determine what legislation is important, or whether the Sanitary laws now on our Statute Books are or are not sufficient. It seems to me the Legislature can have no good reason for refusing to grant the request, but will readily order such a commission to be appointed by the Governor."

Professor C. P. Frost, of Dartmouth College, was present, and in response to a call for a paper or a lecture upon "Chronic Bright's Disease," he first described the various affections of the kidneys, ordinarily termed Bright's Disease, drawing the pathological distinctions with clearness and precision.

Dr. S. Putnam read an elaborate account of the doings of the International Medical Congress which recently convened at Philadelphia.

Professor H. D. Holton, of Brattleboro, had a carefully-prepared paper upon septicæmia. He prefaced his remarks by saying there had been but little written upon this subject. An important case of the kind had come under his notice, therefore the especial attention. He drew the line of distinction closely between septicæmia and pyemia, the cases in which they were likely to follow, the method of treatment, etc. He reported a fatal case of ovariotomy caused by septic poisoning. Inquiry was made, how he treated the pedicle? His reply elicited an animated discussion, participated in by Drs. Bullard, Bradford, Putnam, Upham, Frost, Woodward, and others.

The general opinion was very decided in recommending a full outlet to the discharges, some approving of the drainage tube, others condemning it. A free use of an antiseptic fluid of carbolic acid was approved by all. I was very forcibly impressed with the contrast between this discussion and the views of the profession twenty-five years since. Then it was almost equivalent to manslaughter—indeed, there were but few of our surgeons who would favor or attempt the operation; now almost any of our physicians are competent, and many have had experience in such cases. The society then adjourned to nine o'clock in the morning, when Dr. S. S. Clark read a paper upon Syphilis, its effects upon the nervous system,

and reported several cases that had occurred in his practice. The noticeable point of this paper was to show the secondary and tertiary effects of the disease and the importance and effects of treatment.

Dr. George Dunsmore discussed the subject at length, beginning in its primary form, clearly defining it as a duality, hard and soft chancres, the former always followed by secondary symptoms, the latter never. He would treat the former constitutionally and locally; the latter locally only.

Dr. H. H. Atwater, of Burlington, read a lengthy paper upon Insanity.

Prof. A. T. Woodward gave an interesting lecture upon Uterine Displacements, more especially on anteversion and retroversion, causes and treatment. He referred to the original opinion of authors as caused by an inflammatory condition, which was not always true, thus the failure in curing. He spoke of the great difficulty in holding the organ in *situ*, and exhibited a pessary of his own devising, which was an improvement on the Smith-Hodge pessary. The Doctor had a great variety of these instruments, nearly all worthless. He was limited for time, but evidently had a faculty of condensing much valuable information in a short space of time.

Dr. Pond, of Rutland, exhibited a sphygmoscope, of his devising or improvement. It was moved with watch power, and gave some very fine tracings of the pulse upon a few pieces of prepared mica. The instrument costs $25, put up in a very compact case.

Dr. H. G. Leslie, of Amesbury, Mass., and Prof. Howe, of Dartmouth Medical College, were present as delegates and with some interesting and facetious remarks, extended fraternal greetings.

Committee on Nominations, Drs. Atwater, Upham and Brooks, reported for officers for ensuing year—

President, George Dunsmore, M. D., St. Albans.

Vice President, C. M. Chandler, M. D., Montpellier.

Secretary, S. S. Clark, M. D., St. Albans.

Editorial Department.

Periscope.

The Nocturnal Awaking of Children in a State of Fright.

(Translated for the Medical and Surgical Reporter).

Dr. Caspari, of Meinberg, treats of this subject in *Deutsche Zeitschrift für Pract. Med.*, No. 27, 1876:—

Children often awake suddenly, cry out as if frightened, look about wildly, have slight trembling of hands and feet, and in mild cases resume a quiet sleep in a few minutes. Such attacks may occur every night, or several times a night. In more severe cases the symptoms may continue for half an hour or more, during which time the children are unconscious, with a terrified expression of the face, which is dark red, hot, and covered with perspiration; the eyes, opened widely, either roll about in a wild manner or assume a fixed stare at one spot.

According to Professor Steiner, the entire picture causes the impression that the child's mind has undergone a shock from some terrifying dream, of which, however, there is no recollection when it awakes to consciousness. He has not observed convulsions during the attacks, nor does he attribute any particular influence to dentition, because the disease mostly appears during later years, three to six.

The experience of Dr. Caspari has shown that the disease is not uncommon at an earlier age, as at six, or even three months; the infants awake with piercing cries, in a terrified manner, raise their heads, or dig the occiput into the pillow, as is elsewhere seen only in hydrocephalus acutus. Not unfrequently mild, or even severe and prolonged, convulsions then appear.

In the absence of gastric irritation or other pathological conditions, he ascribes these attacks in the case of small children to irritation from teething and secondary irritation of the brain; with older children he, as well as Steiner, only admits idiopathic irritation of the brain as the cause, to which delicate, anæmic, and prematurely wise children are particularly disposed.

The author claims that we possess a remedy in potassii bromidum, which cures, with few exceptions, so speedily and surely that it may be regarded as a specific. According to Prof. Hammond this salt has antiphlogistic properties, which affect with particular energy the cerebro-spinal tissues, so that it may be called not only a general nerve sedative, but also a specific brain antiphlogistic. With this view Brown made successful use of the medicine in the cases of children affected with cerebro-spinal congestion following the irritation of teething, and these publications caused the author to use it in the cases under consideration. He gave, according to the age, 0,5 daily (1,5 to 50,0, a teaspoonful four times daily), which, as a rule, gave favorable results in the first two days, and seldom was it necessary to have the mixture re-

peated more than once or twice to perform a cure. Should acidity of the stomach be present he recommends the addition of an equal weight of potassæ bi-carbonas to the mixture.

In depressed conditions with anæmia he does not regard the bromide as indicated for hypnotic purposes, but yet he has seen beneficial effects in anæmic children when the remedy was combined with a chalybeate, as:

℞.	Potassii bromid.,	0,12	
	Ferri lact.,	0,005	
	Sacchar. lact.,	0,25.	M.

Fiat pulv. A powder to be taken four times daily, in water.

A short time since, Moutard-Martin praised potassii bromidum in the wakefulness of young children, which is dependent simply on excitement, without other disease.

Treatment of Acute Rheumatism.

Dr. J. W. Futrell writes to the Louisville *Medical News* on the treatment of acute inflammatory articular rheumatism. He says:—

I have tried many remedies, but none have yielded me the uniform satisfaction I have derived from the following agents, simple as they may seem to be—so simple, indeed, and so very old-fashioned, that some of your readers may be scarcely willing to prescribe them. I hope, however, that none will be deterred on account of the reasons named, and that when called on to treat their next case of rheumatism they will give the drugs named an impartial trial.

I begin the treatment by putting one ounce each of Epsom salts, nitrate of potash, and powdered sulphur into one quart of boiling water. This, after being allowed to stand in a covered vessel for six hours, is well strained, and given in doses of one ounce three or four times during the day.

To the swollen and painful joints I apply, by means of cloths, a liniment composed of—

℞.	Olive oil,	℥v	
	Chloroform,	℥ij	
	Hartshorn,	℥vj	
	Tincture of aconite root,	℥ij.	M.

Apply sufficiently often to relieve pain.

Should the above means not secure rest at night, I administer a full dose of bromide of potash, and repeat in one hour, if necessary.

I have now used it in quite a number of cases of acute and even violent rheumatism, and have not seen it fail to do good.

How to Examine the Uterus.

The following definite directions, given by Dr. Hanks in the *American Journal of Obstetrics*, will, we believe, not be deemed superfluous by a number of readers:—

1. For a thorough examination of the uterus, is absolutely necessary to provide a good light. I have seen a uterine examination made in a chamber, by a learned physician, with no good resulting, because the room was dark. A Sims or Barnes could have done but little better under similar circumstances.

2. A hard table should be used if possible. If your patient objects to this, let her remain on the bed. The hard table is always preferable, however, and should be placed directly opposite the light. Let the patient lie on the back, head resting on a low pillow, thighs drawn up, legs flexed on thighs, feet resting on the table or bed.

3. If the patient is a young girl, or a nervous unmarried woman, it is best to administer ether.

4. Now proceed at once with the physical examination of the abdomen with the right or left hand, whichever is the best educated, or both.

5. If not satisfied, with the eye also.

6. Next question, with the best educated finger, the condition of the vulva and perineum.

7. Then the vagina. Examine its size, shape, heat, and moisture. Then, passing upward until the finger touches the cervix uteri, consider its position, size, shape, density, and mobility. Passing around the cervix uteri, try and ascertain the position of the body of the uterus; if it is movable, and to what extent.

8. If you are not able to determine, bring to bear another aid, by using the other hand on the abdomen at the same time—the bi-manual method. You may now be able to grasp the uterus, if the patient is a thin woman. If she is stout, you may resort to the uterine sound. If you are an expert, *before* introducing the speculum, otherwise not until afterward. The sound should indicate the position of the uterus, and its shape and size. If the sound is passed with great difficulty, and causes great pain, a stricture or flexion undoubtedly exists.

9. If you are not an expert, you must not be sure of either of these conditions until you have used the speculum. This, if a glass Fergusson, will only reveal the condition of the mucous membrane of the vagina and cervix uteri, and the size and position of the external os. Some form of the short-bladed bivalve specula will serve best, if the patient is a lean woman; if she be stout, a long-bladed speculum will be necessary. If you place the patient on the side, in the Sims' position, you can use his speculum, if you have an assistant; or Thomas' improved speculum, if an assistant is not at hand. Whichever speculum is used, observe this rule in its introduction: *Know positively the exact location of the cervix uteri before attempting to introduce the speculum.* The uterine sound ought now to pass up readily. If an anteflexion is suspected, press the fundus backward with the depressor, or a loop of wire; if a retroflexion, press it upward and forward with the same means.

10. If still uncertain of the conditions, an examination per rectum will be necessary. The finger will detect any disease of that organ, which so often simulates uterine complications. In this way you can judge if a retroversion exists, and of the degree of fixation, and of the

irregularity of the posterior wall of the cervix and body of the uterus.

11. Another method remains, if this prove unsatisfactory, that of passing the sound through the urethra; or by dilating it, and using the finger.

The Arrest of Hemorrhage by Torsion.

This method is spoken of as follows in the "Treatises on Surgery" of James Spence, of Edinburgh, and Thomas Bryant, of London:—

"Torsion," says Mr. Spence, "has recently been revived, and attempted to be introduced as a substitute for the ligature or acupressure. It answers well enough for small vessels, and I frequently use it. Past experience, however, has shown that we cannot safely trust to it in the larger arteries."

Mr. Bryant says:—

"In a physiological point of view, there is no method at the surgeon's command more perfect for the control of hemorrhage than that of torsion.....The physiological arguments in its favor are very great, and the practical advantages seem to be no less. After seven years' experience of the practice, applied to vessels of all sizes, the femoral being the largest, I have had no mishaps..... I have had stumps heal in a week, and patients up in two weeks, without one single drawback. At Guy's Hospital, up to 1874, we have had two hundred consecutive cases of amputation of the thigh, leg, arm, and forearm, in which all the arteries had been twisted (one hundred and ten of them having been of the femoral artery), and no case of secondary hemorrhage."

A strangely different result, and one hardly to be accounted for by the different method. Mr. Spence continues the twisting till the twisted portion comes off. Mr. Bryant only rotates the end till the sense of resistance has ceased, and says the end should not be twisted off.

On the Serum of Blood as a Therapeutic Agent.

Mr. Vacher's attention was directed to the therapeutical use of the serum of blood, by the beneficial effects said to be produced in France and America by the use of blood itself in the treatment of some diseases. In Paris patients resort to the slaughter-house every morning, to drink the still fuming blood of the oxen slaughtered for the table. Mr. Vacher observes that for various reasons this practice would be impossible in England, and he suggests that the serum of the blood possesses most of the nutritive and curative properties of the blood itself, and therefore might be used as a theraputic agent with advantage. From his position as Medical Officer of Health it came to his knowledge that the serum was held in high repute by the journeymen butchers employed in the slaughter-houses, being considered as a tonic in scrotula and almost a specific in intestinal worms. Mr. Vacher was able to obtain supplies of the serum from time to time, from the slaughter-houses under his supervision, and he has supplied some bottles of it to his professional friends, who have employed it with advantage, chiefly as a vermifuge and as a substitute for cod-liver oil. As an anthelmintic he is informed that the serum should be administered in the morning, fasting, the dose being from one to two tablespoonfuls for a child, and a large wineglassful for an adult. As a food-medicine, one ounce of the serum should be taken two or three times a day, the best time for taking it being probably about an hour before meals. Mr. Vacher gives a caution against the danger of using the remedy when it is not perfectly sound; but as, fortunately, the commencement of the decomposition is at once manifest by the smell, it is not likely that such a mistake would occur.

On Alcohol as a Therapeutic Agent.

An energetic protest against the too common use of alcohol in medicine was made before the British Medical Association, by Dr. Norman Kerr, of London. He entered in detail into the safety of the non-alcoholic treatment of hemorrhage, dwelling especially on post-partum hemorrhage, of which he had over fifty cases, none of them fatal, and only one treated with even the minute dose of one teaspoonful of brandy in an emergency, when no other stimulant was at hand. He looked upon the giving of alcohol in all kinds of hemorrhage, active as well as passive, as most dangerous treatment. He narrated his experience of rheumatic fever, of which he had had two hundred and eighty-three cases, with one death; of delirium tremens, of which he had had one hundred and sixty-four cases, with three deaths; and of pneumonia, with a mortality among the poorer classes of less than four per cent. In speaking of bronchitis, he was especially severe on the common prescription of brandy and milk. Ammonia and milk would be found quite as effectual, and less dangerous. Erysipelas, diphtheria, carbuncle, pyæmia, cholera and fever were more safely overcome without alcohol than with it. Fever was a disease which was much less fatal when treated without alcohol, Dr. Gairdner and others finding the mortality lessened as the amount of alcohol was diminished. Shock and collapse were most safely combated with warm applications and aromatic stimulants, and he found the withholding of alcohol in the after-treatment of operations to be of great service. In chronic disease, the main requirements were rest and easily digestible food, against both of which alcohol, the disturber, seriously operated. Dr. Kerr narrated the case of a young lady, who became a drunkard through the medical prescription of gin and water for a painful, though temporary ailment; and strongly appealed to the profession to avoid prescribing alcohol, unless in emergencies, to children, young females, and reformed drunkards. He concluded by suggesting the three following rules of practice:—first, never to order alcohol, un-

less it was absolutely necessary; second, to order alcohol in a spirit of wine mixture, if that would answer; and third, when fermented or spirituous liquor was required, to order it in precise doses, such as "teaspoonfuls," on the understanding that the medicine was not to be repeated unless the prescription was renewed.

On the Salicylate of Sodium.

In reference to this salt, Dr. H. P. V. Petershansen writes, in the Detroit *Review of Medical Pharmacy*:—

When the salicylic acid was introduced to the profession as an internal remedy, it was recommended to give it in the form of powder dispensed in wafers. But nausea was oftener noticed after this medication, wherefore compressed tablets were prepared from the acid, and given with better results. Some advise to prescribe it with two or more parts of sugar, and order to wet each powder, before it is taken, with some water. As the sodium salicylate insures the same antipyretic effect as the acid, but does not irritate the mucous membrane of the stomach and intestines, nor act in an unpleasant manner upon the brain (like quinine), or cause nausea, it is preferred now before the acid by many physicians. It may be given even in a concentrated solution (1.30). In case the salt cannot be had, it may be prepared extemporaneously by solving the acid in a solution of some sodium salt (phosphate, borate, etc.).

FOR INTERNAL USE.

℞.	Sodæ carb.,	℥ij	
	Aquæ font.,	℥ijss	
	Acid. salicyl.,	ʒij.	M.
℞.	Sodæ phosph.,	℥iv	
	Aquæ font.,	℥ijss	
	Acid. salicyl.,	ʒij.	M.

FOR A GARGLE.

℞.	Acid. salicyl.,	gr.xx	
	Alcohol.,	q. s. ad. solut.	
	Aquæ font.,	℥iv.	M.

A part of the latter may be replaced by glycerine.

OINTMENT.

℞.	Acid. salicyl.,	ʒj	
	Ungu.,	℥j.	M.

Make an ointment. A liniment of olive oil may also be advantageous in some cases.

Resuming the principal facts in regard to salicylic acid, we find that—

First. It is an excellent antiseptic when applied externally, and may, in surgery, take the place of carbolic acid on many occasions.

Second. It is, perhaps, the best antipyretic now known, quinine not excluded, when applied internally.

Third. As an internal remedy, it has no antiseptic properties.

Fourth. The best form in which it is given internally is sodium salicylate.

Reviews and Book Notices.

Notes on Current Medical Literature.

——A Clinical Lecture on the Treatment of Incipient Stricture by Otis' Operation, by Mr. Berkeley Hill, a reprint from the *Lancet*, with remarks by Dr. Otis, is an interesting contribution to our surgical literature.

——We have received a copy of the *Census*, of Rhode Island, from Edwin M. Snow, M. D., Superintendent of the Census, Providence, Rhode Island.

Book Notices.

Epitome of Skin Diseases, with Formulæ. For Students and Practitioners. By Tilbury Fox, M. D., F. R. C. P., and T. C. Fox, B. A., M. R. C. S. Philadelphia, Henry C. Lea. 1876. 12mo, pp. 116.

In the scope of one hundred duodecimo pages, Dr. Fox and his son give a very condensed summary of the indications for the study of skin diseases, the elementary lesion, their classification, cause, and treatment; of course, it is impossible to allow but the very slightest discussion of these wide-reaching topics in the space assigned them, but Dr. Fox has done it as well as it can be done. His treatment is clear, his rules about diet important, his style simple. In the main body of the book the diseases are arranged in alphabetical order, so that the confusion of nomenclature is measurably avoided.

Physicians' and Students' Clinical Record. By William H. Hutt. Philadelphia. Price 60 cents.

This is a blank book, on the right hand pages entirely plain, on the left hand pages ruled with spaces for entering the name, age, residence, nativity, sex, color, diagnosis, prognosis, symptoms, date, temperature, pulse, urine, respiration, and treatment. Two such pages can be made to show the history of a case for twelve visits. It strikes us as a practical and very useful little book. Such a record is easily kept by this means, and the results of practice are much more satisfactory than when left to memory only.

The book can be had through this office.

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INTEMPERANCE AS A CRIME.

There is, as has before been remarked in this journal, a growing tendency on the part of medical psychologists to regard all forms of vice as symptoms of disease. Not to go far for an example, in a number of the *Canada Medical Record* for this year Dr. Henry Howard has a lecture on Moral Responsibility from a Medical Point of View, in which he takes occasion "to express a very strong doubt of how far the criminal class are morally responsible for their acts." If he means, as is obvious from the general tenor of his words, that they are *not* morally responsible, it is unjust to make them legally so.

Such reasoning is applied with particular force to confirmed inebriety. There is no kind of doubt but that drunkenness is a sin against the common weal. In 1872 a select committee of Parliament collected abundant statistics on this subject. It was, they reported, proved before them that drunkenness is the prolific parent of crime, disease and poverty. That in some jails as many as 75 per cent. of the criminals attributed their condition directly to drink; that at least 20 per cent. of the insanity recorded in Great Britain was produced by the same cause; and that more than one-half of the idiots which excite our compassion are the offspring of drunken parents. It was shown, as a natural consequence of these facts, that increase of pauperism is inevitable, and that the children of drunkards are placed in positions of the greatest peril, with almost a certainty that they will be worse than their fathers.

When society suffers in this way and to this extent, it is high time to protect itself against those who foster and those who practice such an inimical habit.

This should, in the first instance, be attained by a rigid supervision of those who make and sell intoxicants; but as, for many reasons, this is next to impossible at present, the next step should be to lodge in the hands of those most interested—*i. e.*, most obviously injured—power to take legal proceedings against the individual who thus allows himself to lose temporarily his mind.

On this subject Dr. Alfred Carpenter read a paper, not long since, before the Social Science Association of England. He advocated Industrial Reformatories for Inebriates, to which they could be committed by the courts on proper representation of their relatives.

He further urges, that as a clause in the Licensing Act, 1872, gives power to the police to take proceedings against any one found drunk in places of public resort, this power should be extended to individuals having a *bonâ fide* interest in the reformation of the victim, either as guardian, next of kin, heir-at-law, or head of the establishment in which he resides. Let the proceedings be always taken in a court of summary jurisdiction, and let them apply to drinking in private as well as public. Let the magistrates have power, if they think

fit, to give costs against the pursuer if they are of opinion that it was not a *bonâ fide* case for inquiry, and let the magistrates determine the time during which the patient shall be under treatment.

Whether in this country some such aggressive measure is not needed, any one may determine for himself by recalling to mind how many instances he knows of families ruined by the intemperance of one of its members.

Years ago, one of the most eminent physicians of this State, in a conversation with the present writer, spoke earnestly, and from a long professional experience, of the advisability of such determined measures. This physician was the late Dr. W. Worthington, long prominent in the political, religious, and medical history of the State. We trust the day will come, and that soon, when the profession at large and the general public will alike recognize the urgency of treating this groveling and dangerous form of self-indulgence with the rigor it deserves.

THE "CHEAP JOHN" MEDICAL SYSTEM DISCUSSED.

This journal has so frequently taken the stand that it is derogatory to the profession, and injurious to the public, for physicians to countenance the plan of bidding against each other for public practice, that it is with much pleasure we note the fact that the Gallia County, Ohio, Medical Society has entered a strong public protest on the subject. The committee consisted of Dr. W. B. Guthrie, Dr. W. C. H. Needham, and Dr. John Cating. They were appointed to visit the County Infirmary, and after making a report on the general neglect of hygienic rules which prevail there, they go on to discuss the method of employing physicians in vogue there.

This part of their report has a very general application in this country, and we append it:—

"We are convinced that there is no economy in the plan pursued by the county, with reference to the medical supply. It is known to all of you that the *lowest bidder* gets the job. The present '*interne*' receives the magnificent sum of sixty cents per visit. We understood that he had attended an obstetric case just a short time ago, to whom he had paid three visits, being called twice out of time. Three times sixty are one dollar and eighty cents, a pretty large sum for an accouchement case! But, further, there is a weak point in this medical contract business, which should be considered by all parties interested. While it is true that the medical contractor gets but sixty cents per visit for his service, he is allowed, in addition, twenty-five cents for each prescription written by him. So it would not be a difficult matter for him to very substantially raise his revenue to a very respectable sum. Say he should write ten prescriptions at each visit (and that is not a large number when we consider that there are at least half a dozen cases of curable eye disease, aside from many other cases needing medical aid), at twenty-five cents, it would amount (with the sixty cents per visit added) to three dollars and ten cents. In this consists the weakness of this contract system; the physician is unlimited in the number of prescriptions he may write, thus rendering the county liable to the payment of an exorbitant rate for medical service to her poor. And, further, if the physician fails to take advantage of this opportunity to some extent, the pauper goes without medical treatment.

"Shame on the county that through her authorized agents would employ such cheap and doubtful material to see to the health of her charges; and shame on the man who, under the name of physician, is so lost to professional honor and dignity as to place in jeopardy, and danger of general disrepute, the profession to which he claims to belong, for the consideration of a few dollars and cents.

"Now, we claim that this is a bad system for the commonwealth to economize upon; from, first, the securing to the county the services of a low grade of practitioners; and secondly, no physician, however skillful or unskillful, will do his work so well as when paid a just compensation for it."

No thoughtful man will deny the force of this reasoning. County commissioners and poor boards should be informed by county societies that this system of underbidding will no longer be tolerated. It is not the right way to secure proper attendance on the poor, and it is injurious to professional morals to enter into this sort of competition.

The natural result of this system is to place that physician who is most incompetent in charge of the poor, for he alone can afford to expend his time for the lowest remuneration.

Notes and Comments.

Therapeutical Notes.

INCONTINENCE OF URINE.

Mr. Brenchley, according to the *Doctor*, thinks that the remedies administered in this disease, viz., belladonna, iron and bromide of potassium, are far inferior to a combination of ergot and iron. His favorite prescription is ℥x of tincture of ergot, ℥v of tincture of perchloride of iron, with spirits of chloroform and infusion of quassia.

GONORRHŒAL RHEUMATISM.

Mr. Bond, of Westminster Hospital, London, says of this disease:—"You cannot cure it unless you cure the discharge; the joint symptoms are evidences simply of absorption of unhealthy material into the blood, and the first point in treatment is to stay this absorption. Some amount of stricture is present in chronic cases." A man, aged about forty, who had rheumatic fever three years ago, who gives no clear history of gonorrhœa, but has had a urethral discharge for some time, has suffered for the last eight weeks with pains in the knees, ankles and hand-joints, and looks pale and cachectic. He has had quinine and iodide of potassium, and injections of bismuth and zinc. He was now ordered a stronger injection of zinc sulphate (ten grains to eight ounces) with mucilage, and half a drachm of extract of belladonna, and the occasional passage of a bougie; a pill containing reduced iron and nux vomica thrice daily; and to the joints, poultices of linseed, with an equal part of sulphur. Under this treatment the joint effusions disappeared rapidly, and the urethral discharge stopped; and the patient went out cured in less than a month.

CAMPHOR IN ILL-CONDITIONED WOUNDS.

Under the name "phenicated camphor," Dr. Saulez describes (*Bull. de Thérap.*, August 30) a combination of carbolic acid and camphor, which exerts a remarkable influence on wounds of an unhealthy character, as proved by him in the Romarantin Hospital. The acid will take up a large quantity of camphor, but Dr. Saulez ordinarily employs a solution of two grammes and a half of the powder in one of the acid (nine grammes to one of alcohol), which produces a pale yellow oleaginous liquid, in which the disagreeable odor of the acid is no longer to be recognized. It is not miscible with water or glycerine, and in employing it we have first to emulsify it by the addition of a twentieth part of the phenicated camphor either to olive oil or infusion of saponaria.

QUININE IN GONORRHŒA.

Radha Nauth Roy, assistant surgeon, reports to the *Indian Medical Gazette* the result of his experience with quinine as an injection in gonorrhœa.

He has successfully used a solution of two grains of quinine in eight minims of sulphuric acid dil., and one ounce of rose water, as an injection in several acute and chronic cases. He finds that as a general rule a cure is effected in a week in acute cases. The discharge and scalding are relieved in two or three days. Balsam of copaiba was given at the same time.

Smoking Belladonna in Asthma.

Dr. Reeves states, in the *Melbourne Med. Record*, that smoke derived from the leaves of belladonna possesses much more power in cutting short an attack of asthma than that from stramonium. A long pipe is the best means of smoking them, the patient being instructed to draw the smoke deep into the chest. If, when the attack is at its height, he has not the power of doing this, the leaves may be placed in a saucer containing lighted charcoal or wood-ashes, which should be placed on a chair in front of the patient—this chair, as well as his own, being covered with a large sheet, so as to confine the fumes before the leaves are put on the hot charcoal. From two and a half to five grains of the leaves are sufficient when smoked, and from five to twenty grains when burned. If the smoke is drawn deeply into the chest, the relief is immediate, expectoration of phlegm taking place. It is in the spasmodic form of asthma, where there is little or no expectoration, that the greatest relief is obtained, for when the tubes are loaded with mucus the smoke cannot get access to their muscular tissue. The relief is most marked when the remedy is used after the paroxysm has commenced, before the spasm prevents access of air to the smaller tubes and air-cells. Tobacco-smokers do not receive the same amount of relief as others. Temporary headache of a throbbing character may be produced if the leaves are used too freely.

Tranchina's Method of Embalming.

The *Lancet* describes this as follows:—Eight decigrammes of arsenious acid, combined with a little cinnabar, are dissolved in nine chilogrammes of spirits of wine, and injected, *secundum artem*, into the carotid artery. For more than two months the body remains fresh, inodorous, inflexible, and (thanks to the cinnabar) of its natural color. Thereafter desiccation commences, and it indurates so as to last for any time. Modifications by Gannal and others have improved upon Tranchina's method.

Wound of the Vitreous Humor.

M. Gayat terminates a paper in the *Lyon Médicale* upon this subject with these conclusions:—1. Every deep wound of the vitreous body places vision in danger. This is immediate in cases of suppurative hyalitis, but in cases of simple hyalitis the recovery of vision to a certain degree and according to certain directions is still possible; but it is neither durable nor definitive, and in general suddenly disappears at the end of a very variable time, in consequence of cicatricial detachment of the retina. 2. Every deep wound of the vitreous body constitutes a permanent danger of sympathetic irritation of the unwounded eye. The presence or absence of the vulnerant body in the humor would seem to be of secondary importance in relation to the development of this sympathetic inflammation, which will be more probable and more rapid in its occurrence when the vulnerant body has injured the ciliary circle or has remained in its vicinity.

The Value of Cinchonidia.

The following estimate of the value of this cinchona derivative is given in the *Transactions* of the Kentucky State Medical Society, by Dr. J. A. Larabee, and from all that we have read, and our own use of it, seems a very fair one.

First, it is preferred by patients, because it does not produce so much cerebral disturbance and nausea. When given in doses about one-fifth larger than quinine, it is quite as efficient as the latter when restricted to ordinary varieties of malarial disease. In some cases of remittent, it does not act so promptly in checking the fever, and in every case Dr. Larabee says he was compelled to substitute quinine, to save time and trouble, thus showing that its febrifuge power is much feebler, though it may be said that the effect might have been produced by still further increasing the dose, which, however, would have been objectionable, on account of the bulk.

At the Bellevue Hospital the surgeons have declared cinchonidia to be a valuable tonic and febrifuge, but found it to be quite inadmissible in severe surgical injuries, especially to the genito-urinary system, and in cases of shock, by reason of its tendency to induce emesis and congestive symptoms. In such cases cinchonidia had to be abandoned, and quinia substituted. In purely medical affections, however, such as fever, pneumonia, etc., its use was attended with good results. When the tonic effects of cinchona are desired, cinchonidia may safely be resorted to, a fact of considerable importance, bearing in mind the difference in price of the two salts.

A New Gastroscope.

Dr. Hermann Auerbach, of Berlin, suggests a new form of endoscope for bringing into view the interior of the stomach.

It consists of a tube formed of rings, similar to the vertebrated catheter, but open at its gastric end, and covered with an india-rubber sheath; its upper end is provided with a mirror. The rings are so arranged that the picture is reflected on their polished inner surfaces, from one to the other, until the uppermost ring has been reached. The concentrated rays of a calcium light are reflected from the mirror, and conducted into the stomach through the tube by means of the reflecting surfaces of its rings; thereby not only illuminating the organ, but also keeping the inside of the tube free from the dimness usually caused by deposits of moisture. A fine wire passes through the tube, and is secured to its lowest ring; this serves to raise the gastric end of the tube, or even to move it in other directions. A great difficulty presents itself in changing the lateral position of the tube, which it is of course very desirable to do at its lower end, but which interferes with the angles of reflection.

He believes that technical difficulties can be overcome by degrees, and publishes his suggestions in order to interest the medical public in the matter.—*Allgem. Med. Central-Zeitung, August* 19, 1876.

CORRESPONDENCE.

INTERNATIONAL MEDICAL CONGRESS.

Section VI.—Ophthalmology.

ED. MED. AND SURG. REPORTER:—

This was one of the most interesting of the sections, and the attendance was very numerous.

The original committee of three did their work well, omitting no gentleman of proper standing, either in this City or the United States, who makes ophthalmology even a part of his study and practice.

The committee had many answers to their invitations from abroad, and there was a fair representation of distinguished ophthalmic surgeons, the most prominent of whom were Mr. R. Brudenell Carter, ophthalmic surgeon to St. George's Hospital, London; D. Argyll Robertson, Edinburgh; Dr. A. M. Rosebrugh, Toronto, Canada.

According to the report of the Secretary General, there were in all four hundred and forty-seven delegates to the Congress, and of these seventy-one were foreigners, representing England, Ireland, Scotland, Belgium, Denmark, Prussia, Austria, Norway, Finland, Russia, Australia, Japan, the Argentine Republic, Cuba, Mexico and Canada.

Several of the foreign gentlemen were accredited by their respective governments, and will no doubt make report to them.

Ophthalmology.—Dr. R. Brudenell Carter was elected President, and Dr. John Green, of St. Louis, Secretary. Henry W. Williams, M. D., Professor of Ophthalmology in Harvard University, introduced the first question: "The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Method of Applying Them."

Outlines—I. Affections of the conjunctiva in which neither caustics nor astringents are indicated.

II. The various forms of conjunctivitis, and the extent to which caustics or astringents may be usefully applied.

III. The modes of applying these remedies to the best advantage.

IV. Complications in which the conjunctivitis is the result of other morbid conditions, or in which the existing morbid conditions are the consequence of previous conjunctivitis, with the treatment of such complications.

The discussion of the above paper, the outlines of which we have given, was full and interesting, many of the gentlemen being of the opinion that the measures of Dr. Williams were of too mild a character.

The following were the conclusions adopted by the Section:—

1. In a considerable number of essentially transient affections of the conjunctiva, and in pterygium, or other growths, no active treatment is required.

2. When disease affects only a limited portion of the conjunctiva, as in phlyctenular inflammation, the mildest stimulating or astringent remedies are usually sufficient.

3. In the acute and chronic forms of general conjunctivitis, astringents are, as a rule, safer, as well as more efficacious, than caustics, and therefore better adapted to the requirements of the general practitioner.

The second day the Section of Ophthalmology was much instructed by the reading of an elaborate paper by the distinguished ophthalmologist, Dr. Hermann Knapp, of New York, on "Tumors of the Optic Nerve," in which he gave not only his own three cases, the most interesting being one in which he removed a tumor from the optic nerve, saving the eye and face from the least disfigurement, a matter of great importance to a handsome young lady, and also presented a careful analysis of all the recorded cases. After a full and free discussion by Dr. Williams and others, the Section was unanimous in recommending this paper to the Congress for publication.

A paper was then read by Dr. C. R. Agnew, of New York, on the statistics of the condition of the eyes of scholars, both in public and private schools, academies and colleges, in the United States, with a comparison of those in Europe, showing a much smaller number of cases of defective eyes in this country, and yet a sufficient number to cause more care to be taken of the eyes of the young, by the arrangement of studies, desks, light, etc. The Section recommended to the Congress that the paper be printed with statistical papers.

The third day of the Section was filled by Dr. E. Williams, of Cincinnati, Professor of Ophthalmology in Miami Medical College, on the subject of "Orbital Aneurismal Disease and Pulsating Exophthalmia, their Diagnosis and Treatment," a very interesting and valuable paper. Dr. Harlan, of Philadelphia, also presented an abstract of the histories of two cases of pulsating exophthalmia.

On the fourth day, Dr. E. G. Loring, of New York, read a paper on the question, "Are Progressive Myopia and Posterior Staphyloma due to hereditary predisposition, or can they be induced by defects in refraction acting through the influence of the ciliary muscle?"

We listened with much attention to this gentleman's paper, and were disappointed with it, as the facts brought forward by him did not at all settle the question, but left it just where it was before. There was also evidence of great haste in the preparation of the paper, and in the actions of the reporter.

In the discussion, astigmatism, an extremely frequent complication of high grades of myopia, was cited by Drs. J. Green and Wm. Thomson, as one of the possibly or probably potent exciting causes of myopia, and the importance of more careful determination of the existence of medium and low grades of astigmatism in future examinations of refraction in school children was insisted on.

The conclusion was unanimously adopted by the Section.

With regard to the question as to whether the ciliary muscle, acting through faulty refraction, can produce myopia and conus, the reporter concludes:—"That the action of the muscle, taken by itself, exerts but little influence on the production of myopia, and still less on the formation of the cone."

This second conclusion was debated by Drs. Thomson, Risley, and Shakespeare, who inclined to the view that the conus is the expression of the effect of the dragging of the radial fibres of the ciliary muscle on the choroid, other members attributing to the strain of accommodation only a secondary influence, exerted through the production of hyperæmia, leading to hypersecretion, and finally to distention of the globe.

This proposition was adopted by the Section, by a vote of fifteen to seven, several members not voting.

The License Law of Ontario, Canada.

Ed. Med. and Surg. Reporter:—

At your request to give you a brief sketch of our Medical Licensing Board, and its formation, I send to you the following. The amended bill, which created the "Council of the College of Physicians and Surgeons of Ontario," was passed in 1874. This Council was elective. The Province was divided into twelve territorial divisions, each division to have one medical representative, to be elected by the majority of the resident medical practitioners in the division. The several universities and colleges authorized, by their charters, to confer medical degrees, and having medical schools attached, were allowed to send one representative from each. The Homœopaths and Eclectics were given equal representation, according to numbers, and in this way all conflicting interests seemed to be harmonized. The Council of the College of Physicians and Surgeons of Ontario was, by this arrangement, composed of twenty-nine representatives, viz.: twelve regular practitioners, representing the twelve territorial divisions; seven regular practitioners, who were for the most part professors, engaged in teaching, who represented the seven universities; colleges and schools of medicines, one representative from each; five representatives of the Homœopathic school, and five representatives of the Eclectic school, making in all, as above, twenty-nine representatives from the different medical constituencies of Ontario.

Under the original Act of Parliament, the Council of the College of Physicians and Surgeons of Ontario was elected for three years, but by the Act of 1874, which amended all previous acts, the time was extended to five years, provision being made, in case of death or resignation, for the election of representatives for the unexpired term, to fill vancancies as they occurred. The Council to meet once in each year, and as often during the year as necessary, in the event of urgent matters arising which might affect the interests of the profession.

The council elects annually a President, Vice-President, Registrar, and Treasurer, and such other officers as may, from time to time, be necessary for the working of the Act, who shall hold office during the pleasure of the Council. The members of the Council are paid, or, properly speaking, pay themselves, at the rate of $8 per diem when the Council is in session, with mileage from place of residence to the place of meeting of the Council. In each of the territorial divisions, a Territorial Division Medical Association may be established. This division may, from time to time, submit to the Central Council a tariff of professional fees, and upon the said tariff of fees receiving the approval of the Council, signified by the seal of the College, and the signature of the President thereof being appended thereto, such tariff shall be held to be a scale of reasonable charges; and this tariff of fees is held to be good in the various law courts where it has been established. Each member of the College shall pay to the Registrar an annual fee of one dollar, or more, as may be fixed, from time to time, by the Council.

A Board of Examiners, nominated by the Council, is appointed every year. This Board is composed of one member from each of the teaching bodies now existing in Ontario, and one from any other school of medicine which may be hereafter organized in connection with any university or college which is empowered by law to grant medical or surgical diplomas, and a number, not exceeding five members, to be chosen from among the members of the College of Physicians and Surgeons of Ontario who are unconnected with any of the above teaching bodies. It is provided that any candidate who shall, at the time of his examination, signify his wish to be registered as a Homœopathic or Eclectic practitioner shall not be required to pass an examination in either Materia Medica or Therapeutics, or in the Theory or Practice of Physic, or in Surgery or Midwifery, except the operative parts thereof, before any examiners other than those approved by the representatives in the Council of the body to which he shall signify his wish to belong. The Council shall have power and authority to appoint an examiner or examiners for the admission of all students to the matriculation or preliminary examination, and to make by-laws and regulations for determining the admission and enrollment of students. No exception is made for Homœopaths, Eclecties or any other school, until such time as these bodies shall establish medical colleges for teaching purposes. Any graduate or any student having matriculated in arts in any university in Her Majesty's dominions shall not be required to pass the preliminary examination.

The Council shall have power and authority to fix and determine, from time to time, a curriculum of studies to be pursued by the students, and such curriculum of studies shall be

observed by all colleges referred to in the Act. No person shall be appointed as medical officer, physician, or surgeon in any branch of the public service of the Province of Ontario, or in any hospital or other charitable institution not supported wholly by voluntary contribution, unless he is registered under the provisions of the Act.

It is declared unlawful for any person not registered under the Act to practice physic, surgery, or midwifery in the Province of Ontario for hire, gain, or hope of reward, and if any person not registered under the Act shall, for hire, gain, or hope of reward, practice or profess to practice physic, surgery, or midwifery in the Province of Ontario, he shall, upon a summary conviction thereof, before any justice of the peace, for any and every such offence pay a penalty not exceeding one hundred dollars nor less than twenty-five dollars.

The above is a brief outline of the various systems existing in Canada under which the medical and surgical professions have been governed down to the present time.

The following is a brief account of the course now adopted in conducting examinations as well before entering on the study of medicine and surgery as during the period of study to the time of graduation :—

The matriculation examinations are held in the cities of Toronto and Kingston, on the first Tuesday and Wednesday in January, April, July and October in every year. Every student must pass a satisfactory examination in the following subjects, viz.: English language, including grammar and composition. Arithmetic, including vulgar and decimal fractions. Algebra, including simple equations. Geometry, first two books of Euclid. Latin, translation and grammar. And in the following subjects, the student having the option of naming the one in which he will be examined: Greek, French, German, Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics. Graduates in medicine of any college in the Dominion, except those of Ontario, are exempt from passing the matriculation examination of the Council upon payment of ten dollars, providing they can show that they have passed a matriculation examination in the college from which they graduated, equal to that established by the Ontario Medical Act, and completed thereafter four years of study.

Every student, after matriculation as above, must spend a period of four years in actual professional study, except he be a graduate in arts of any recognized college or university, in which case he will be required to pass three years after graduating in attendance upon medical lectures, before being admitted to examination. Every student shall attend medical lectures for at least three sessions, of six months each, each six months' course to consist of not less than one hundred lectures; and must attend lectures in a university, college, or school of medicine, approved of by the Council as follows:—Two courses of six months each upon Anatomy, Practical Anatomy, Physiology, Theoretical Chemistry, Materia Medica, and Therapeutics, Principles and Practice of Surgery, Principles and Practice of Medicine, and Midwifery and Diseases of Women and Children; two courses of six months each upon Clinical Medicine and Clinical Surgery; one course of six months, or two courses of three months each, upon Medical Jurisprudence; one course of three months upon Practical Chemistry and Botany. Every student must pass one period of six months in the office of a regularly qualified medical practitioner, in compounding medicines; he must attend the practice of a general hospital for eighteen months; he must attend six cases of midwifery; and he must pass the primary and final examinations of the Council.

All persons from recognized colleges outside the Provinces of Ontario and Quebec, who desire to qualify themselves for registration in this province, shall pass the matriculation examination established by the Council, and attend thereafter one full course of lectures in some one of the Ontario medical schools, and such other course or courses as may be necessary to complete the curriculum required by the Council, and shall pass the primary and final examinations before the Board of Examiners of this College.

The primary examination may be undergone at the end of the second or third year, and the final at the end of the fourth. The following branches shall be embraced in the primary examination :—Descriptive Anatomy, Physiology, Theoretical Chemistry, Toxicology, Botany, Materia Medica, and Therapeutics. The following branches are embraced in the final examination :—Medical Diagnosis, Pathology, Surgical Anatomy, Practical Chemistry, Medical Jurisprudence, Sanitary Science, Operative Midwifery, Operative Surgery, and Surgical Anatomy, Materia Medica, and Therapeutics, Midwifery other than Operative, Surgery other than Operative, Theory and Practice of Medicine. The examination in the primary branches, and the first eight subjects of the final, is in all respects the same for every candidate.

CANADENSIS.

NEWS AND MISCELLANY.

Information Asked.

We are in receipt of a circular to the following effect:—

November 1*st*, 1876.

"The Superintendents of the American Institutions for the Improvement of Idiots and Feeble-minded Children having formed an association for the more rapid advance and spread of their special part of medical science, resolved, not only to unite their efforts, but to seek the assistance of physicians in general practice who can help them to elucidate the causes of idiocy and kindred affections.

"Previously, when searching individually for these causes, we met with three obstacles: one from the parents, whose ignorance or false delicacy would not, or could not, tell the truth; second, one from our mode of procedure, which was to not communicate nor put in common the findings of our individual experience; and a third, worse yet, to send abroad printed inquiries whose specifications were so worded by conceited theories as to force the answers toward biased issues, thereby rendering these data untrustworthy, if not truthless.

"Now, knowing better from experience, we send you no syllabus, but we rely upon your own intelligence to write a short communication of the causes of idiocy which have come to your knowledge from reliable witnesses or personal observation.

"The names will be either omitted or made use of at your request.

"Please address, as soon as convenient, the Secretary of the Association, I. N. Kerlin, M. D., Superintendent of the Pennsylvania Training School for Feeble-minded Children, Media, Pa."

The object sought to be accomplished is one not merely of deep scientific interest, but also of incalculable sociological importance, and it is to be hoped the profession will respond fully to the above request for information.

Diphtheria in Providence.

Quite a severe epidemic has prevailed in Providence, R. I. In his report for October, Dr. Edwin M. Snow, City Registrar, says:—

"From the beginning of the present year to this first day of November, there have been 66 deaths from diphtheria in the city in the several months, as follows:—5 each in January, April, and May, 4 in March, 3 in June, 2 each in July and August, 8 in September, 32 in October; total, 66.

"It will be noticed that there has been a sudden and very great increase of the disease, beginning in September. In two months the deaths from diphtheria (40) nearly equal the number in any whole year previously.

"Of the forty decedents from diphtheria, in the last two months, there were 21 males, 19 females; 19 of American, 12 of Irish, 4 of English or Scotch, 5 of German, and one of British American parentage. One, only, of the 40 decedents was colored."

We have received a letter from Dr. W. A. Anthony, Secretary of the Rhode Island State Medical Society, on his use of sulpho-carbolate of sodium during this epidemic, which will appear in our next number.

Exchange Requested.

The Texas State Medical Association desires to exchange their published Transactions of 1876 with other State Societies. Secretaries will please address Dr. John H. Pope, Marshall, Texas.

King Billy's Skeleton.

After the death of King Billy, the last of the native Tasmanians, which event occurred this summer, there was a contest for his skeleton. Two medical gentlemen wished to obtain it for the Royal College of Surgeons, London, and the Royal Society of Tasmania considered that it should remain on the island. The body was in charge of the Government General Hospital, and orders were given for its decent interment without molestation. The Royal College champion, however, surreptitiously secured the head, and put a white man's in its place, and the other party determined to prevent his having the whole skeleton, and so cut off King Billy's hands and feet, and placed them in the museum. The body in this shape was buried, and a strict watch was kept over the grave, but through some inefficiency the coffin was empty next morning.

Personal.

— Dr. S. Weir Mitchell has removed to 1524 Walnut street.

— Dr. James Tyson has removed to 1506 Spruce street.

QUERIES AND REPLIES.

Salicylic Acid.

A practitioner of experience informs us he has found the following the most satisfactory formula for administering this acid in rheumatism:—

R.	Acidi salicylici,	three drachms	
	Sodæ bicarb,	two drachms	
	Glycerinæ		
	Aquæ,	each two ounces.	M.

Sig.—A tablespoonful every two hours the first day, and every four hours after that.

Croup.

Dr. W. H. H. C., of Md., asks the experience of successful practitioners in membranous croup. Having lost his only child by that disease, he wishes further information than the ordinary works supply.

MARRIAGES.

CHURCH—NEVIUS.—On Thursday, October 26th, by Rev. Dr. Cailen, at the Collegiate Church, Lafayette Place and 4th street, Dr Stewart Church, of Brooklyn, and Gulielma F., daughter of Peter I. Nevius.

EVANS—GASTON.—On Oct. 11th, 1876, at the residence of the bride's father, by Rev. Dr. Wm. Newton, Dr. Howard Evans and Emma, daughter of Dr. A. K. Gaston, of Chester county, Pa.

RICHARDS—WILEY.—At St. Mark's Church, Philadelphia, October 31st, by Rev. Stevens Parker, Mr. J. Tredwell Richards, of Elizabeth, N. J., and Miss Helen Wiley, daughter of Dr. John Wiley, of Cape May Court House, N. J.

SKINNER—PENNIMAN.—On Tuesday, October 24th, by Rev. John Hall, D. D., Dr. Thomas H. Skinner, formerly of Raleigh, N. C., and Gertrude L., daughter of the late Edward L. Penniman, of New York.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

ON AMPUTATIONS AND THEIR TREATMENT.

BY NORMAN GAY, M. D.,
Of Columbus, Ohio.

(Read before the Ohio State Medical Society.)

During the past few years I have discarded the use of the long catling in amputation. I was never pleased with its use, or the operations when completed with it—

1. Because the flaps were apt to be a little too short, or too long, and too heavy.

2. The skin more or less jagged, the arteries split or wounded above where cut off, nerves cut too long, requiring recutting, and the muscular mass so large it is with difficulty it can be inclosed by the skin-flaps without shaving it off by a second cut.

3. In amputations of the thigh the thickest portion of the flaps come in contact with the bone at its greatest diameter, and always press more or less on its sharp edges, causing great pain and suffering during their transportation, by their tendency to drop down, the bone acting as a wedge in forcing the flaps apart, instead of giving support, as it should.

4. The amount of muscle inclosed by the skin-flaps is usually so great that the skin is quite tense at the first dressing, so that when inflammation sets in, the pressure soon cuts out your sutures, or you have to cut them at your second dressing.

The sutures, while being pressed, are a very serious source of irritation and suffering to your patient; to avoid this some surgeons have dressed their stumps without closing by sutures, and report good results.

When the flaps were made by transfixing on the sides of the thigh, the bone had a tendency to protrude at the upper angle, for the reason given above; when cut on the anterior and posterior surface, the upper one is dragged over the sharp edge of the bone by the lower one. The motion of transportation gave great pain and suffering, which rendered the operations unsatisfactory in the army.

The circular operations, with various modifications, were adopted with better success. The objections to the circular operations are—

1. The unsightly, unworkmanlike job when finished; and

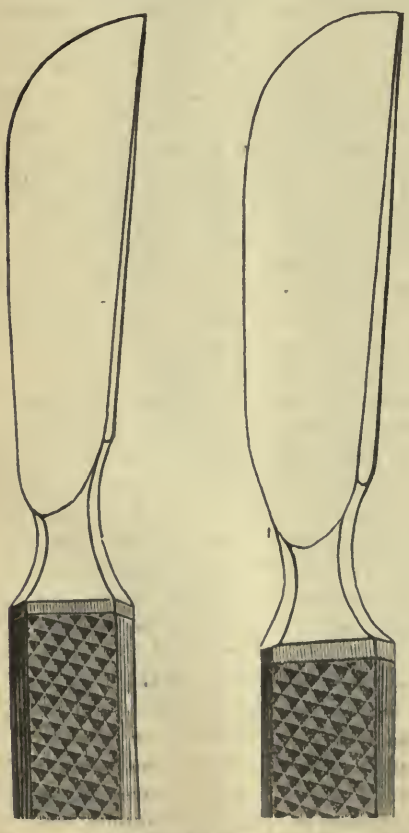
2. The length of time it takes to operate; and in many cases you have to go higher on the limb than if you use the flaps.

Of all the operations in surgery, none are so badly performed as amputations, and if it were not for the smoothing efforts of kind "Dame Nature," who absorbs a little here, and adds a little there, the stumps would be very unsightly. The fault is not so much the operation as in the manner of operating, necessitated by the instruments, namely, those long, unhandy knives, with which it is impossible to make a neat job. And why? Every one has noticed, after having transfixed and cut the flaps, that the muscles extend beyond the skin (although they have tried to cut them shorter by retracting the skin during the passage of the knife). The reason usually given is, that the skin contracts more than the muscles, when the true facts in the case are, that the muscles contract past the edge of the knife during its pas-

sage through the parts. After having transfixed the limb you commence to cut out; the instant the knife touches the edge of a muscle it contracts, and is cut off from one to two inches beyond the point intended, and exterior t the line on which you cut the skin. After being cut they relax, and we have the appearance stated above.

In coaptating the flaps, we have the muscles protruding beyond the skin, which requires to be returned by an assistant, or to be trimmed off. We are enabled to prevent this to some extent, by holding the muscles firmly with the hand while cutting the flaps. In large legs we can do but little with our hands.

As to the questions of circular and flap operations, the advantages and disadvantages of each have long been discussed by surgeons, and we do not propose to write of them here, but hope to offer a plan and means of operating which combine all the advantages of both, and avoid their faults.



The rough drawings I give are from knives I have found the most useful and convenient for making all amputations of the arm or leg; the blade broad, so as to give weight; a long bevel, and very rounding near the point, that you may be able to turn it easily in cutting the skin. In all amputations two flaps are made, and they are cut from the surface to the bones.

[The cut of the largest knife is omitted. The shape of the blade is similar to the two given. These knives are manufactured by Max Wocher, Cincinnati, O.]

In amputations below the knee, I select the point for cutting the bones, when the rounded portion of the knife is inserted a little posterior to the fibula; carry the section nearly straight down the leg from one and a half to three inches, depending on the size of the leg; then turn and go across the leg, to near the inner angle of the tibia; then up, on a line with the external incision, to the point opposite—cut only the skin and deep fascia—and then at right angle to the leg. The posterior skin-flap is then cut the same as the anterior; retract the skin as far as necessary, which is usually done without dissecting; then hold the knife on an angle with the flaps, and divide the muscles at the retractive edge of the skin, obliquely, on the same plane. In the posterior flap the outer layer of muscles should be divided in the same manner, when the flap is thrown back, and the deep layer of muscles divided at right angle to the bones.

In this operation you have broad flaps, the posterior being thin and light compared to those made by transfixing. There is no necessity of cutting off the spine of the tibia, nor does the posterior flap, by its weight, drag down and cause ulceration of the anterior. The arteries are found in the muscles divided at right angles to the bones, are more easily secured, and the nerves are never too long, requiring resection.

In dressing, the silver suture is evidently the best. Commence on the inner angle, and put in a sufficient number to hold the flaps neatly together, to near the outer angle, where it should be left open, so as to permit of a free discharge of all matter formed. The ligatures should always be brought out at the opening, as the leg is usually laid on the outer side, a little flexed, during its cure. Adhesive plasters are unnecessary, as the silver sutures will remain in and retain the flaps until the parts are well.

In amputations of the thigh, I make the outer angle of the flaps on a line drawn from the

anterior point of the great trochanter to the outer edge of the patella—the other angle of the flaps on a line opposite. The flaps are made on a half circle—the first section through the skin and fascia at right angles to the thigh, when the skin is retracted from one to two inches, depending on the size of the thigh; if large, and the operation high up, it should be retracted more than if small and near the knee. The knife is then applied to the muscles at the edge of the retracted skin, and they are divided obliquely to the bone, opposite the angle of the flaps. After sawing the bone you will have a cup-shaped stump, with the arteries and nerves cut nearly square off, and not too long. The flaps, when adjusted, will not press on the bone, but will leave between them plenty of room for swelling of the muscles without pressure of the sutures. The ligatures are brought out at the lower angle of the flaps, where they should be left open for the necessary discharge of matter.

The silver suture will remain in until the stump is healed. Adhesive plasters are seldom, if ever, necessary to support the parts, as they so nearly adjust themselves about the bone very little support is necessary. The skin coaptates its full thickness, and usually heals without suppuration, the sutures remaining in without causing irritation until the stump is well. In amputations of the forearm, the flaps are made on the anterior and posterior surface; the outer angle of the flap on the middle of the radius, the inner angle on the middle of the inner side of the ulna. The knife is inserted at the outer angle, and carried down from one-half to an inch, depending on the size of the arm; then across to near the centre of the ulna; then up to the joint opposite, cutting the skin and fascia only, and at right angles to the limb. The posterior skin-flap is made in the same manner as the anterior. They are then retracted from half an inch to one and a half inches, depending on the size of the limb and the point of amputation. If large, and the amputation high up, they should be retracted further than if near the wrist.

After the flaps are retracted, the muscles are cut obliquely to the bone from the retracted edges of the skin-flaps. Silver sutures are used without adhesive plasters; the flaps are broad and neatly adjust themselves, forming a round, smooth stump.

In amputations of the arm, the same plan is followed as on the thigh. The amputation can be made as quickly, and with far less pain to the patient, than by transfixing, and by a person not accustomed to operate, with far more certainty of making a satisfactory operation.

In amputating where the bones are shattered, the long knife frequently comes in contact with pieces of bone that break the edge, compelling you to withdraw your knife and operate from without (a large number of knives have been ruined in this way). In cutting from the surface, if the knife comes in contact with pieces of bone it usually does so on its outer or periosteal surface, and the muscles do not drag the bone across so as to break the edge by their contraction. The short scalpel is more easily kept in order, or repaired if the edge is broken, the trouble of carrying, and the expense of making, much less, as the two sizes, with those usually found in the operating case, will be sufficient for all amputations.

There is yet a very great range of opinion among surgeons as to the amount of injury a leg or thigh may receive and be saved to the patient. While some would recommend that almost all severe cases of compound fractures should be immediately amputated, others will try to save them, and there appears to be no well-defined rule by which one could be guided in his action. In deciding these cases, I believe the cause of the injury should be most carefully studied. For instance, if the compound fracture was caused by firearms at short range, either rifle or musket, round or conical missile, the bones will be much more injured than if the missile was going with less velocity; so that, for injuries of apparently the same character, one should be immediately amputated and the other saved. In the former case there would be a large amount of necrosed bone, while in the latter very little, if any. The soft parts are also very different. In the former case severe sloughing will follow, in the latter the wounds heal readily.

The same rule holds good with compound fractures from other causes. The velocity of the force or body causing the injury will be one of our best guides in deciding the case. I feel that the only safe treatment of compound fractures caused by a missile or heavy body moving with great velocity, as from firearms at short range, or railroad, is immediate amputation; while a similar injury in appearance could be cured without amputation.

After having decided to amputate, the next question is, at what point? In a case caused by a missile of great velocity and weight, you should go further up the leg or thigh than if it was caused by a less intense force, as the soft parts and bones are injured further than they would appear at first inspection.

I believe in not waiting for that full reaction which is usually recommended. I have always been guided by the effects of anæsthetics. If the pulse improves with the inhalation of the anæsthetic, you can operate with success; but if not, or the pulse becomes less firm and full, *delay*, as you would likely lose your patient. I always give whisky and some opiate before the chloroform or ether. After operating I feed well, and give plenty of ale or whisky from the first. After the battle of Corinth, Mississippi, from seven to eight barrels of Lillie's stock ale were drank, by three thousand wounded, daily, besides whisky and brandy. The men also ate more than their rations during their cure. Plenty of food, stimulus, warm weather or warm clothing, and hospitals with good ventilation, will cure wounded men.

Before closing, allow me to make a few remarks on the subject of dressing stumps and wounded limbs. It seems to be the fashion with almost all surgeons to use the roller bandage, which, if neatly applied, looks well, and makes a good dressing; but its application and removal require so much changing of the limb, that great pain is unnecessarily given your patient, besides injuring and irritating the wound. To avoid this, stumps are frequently allowed to go two or more days before the second dressing is applied, when the stump is found covered with decomposing blood and matter—certainly not the most healthy atmosphere for a recent injury. We found it the best plan to dress the wounds every day, from the first, not allowing the dressing to become dried to the parts, thereby requiring so much time to remove and wash.

It has been the custom in all hospitals for the dressers to undress and wash the limbs prior to the visit of the surgeon, which might be delayed for some time, if not for hours. During this time great changes may take place in the limb, from exposure; and, in our opinion, no surgeon can properly judge of the condition of the limb after having been thus exposed. To properly judge of the condition and treatment of the limb, he should not only see it, but should see the discharge, its quantity and character, at every dressing.

The scultetus bandage (with scraped lint well soaked in whisky and water, to cover the wound) was prepared while the wound was being washed, spread on a piece of newspaper or any other substance sufficiently firm to carry it under the limb or stump, in the following manner:—Take an old newspaper or piece of oilcloth, place the strip of bandage which is to be the highest on the limb on the paper or cloth first, then the next, overlapping from one-half to two-thirds, and so on until a sufficient number have been placed thus to cover the limb as far as required; then strips are placed obliquely and at right angles, to cover the end of the stump; a little lint is then applied, which will come in contact with the under surface of the wound; the limb is then carefully raised, and the dressings, as prepared above, slipped under, when you can spread lint on the sides and ends of the stumps; the strips are then folded over. This plan of dressing gives a uniform support, and after a few applications any nurse can dress a limb without suffering to the patient; and if the strips should become too tight or loose, the nurse can readjust them without disturbing the part.

In redressing, the new dressings should be prepared before opening the wound, so as to avoid unnecessary delay and exposure. After the dressings are applied, I usually wet with warm whisky and water, then cover with oil silk, and in winter keep the parts warm with flannel. In hot weather, when flies are bad, a little piece of muslin moistened with oil of turpentine and spread over the limb, will frequently save a great deal of trouble.

I speak thus carefully of the above-named manner of dressing, because I have seen so much suffering from applying and removing roller bandages, and the difficulty in properly applying them, and changing if they become too tight or loose, by those not accustomed to their use. I say wet with warm whisky and water, from the fact that I have heard so many complain of the pain in their limbs after dressing, from cold, by exposure and cold dressing. The vitality in wounded limbs and stumps is very low; and as they soon become chilled through, one cannot too quickly wash and change the dressings.

The application of cold water dressings and ice water drips, so much recommended a few

years since, has been the cause of more deaths in surgery than all other causes put together. A person gets a leg crushed; you cut it off, and apply cold to keep down inflammation; the case goes on a few days, the vessels become relaxed, and having lost their vitality, you have a low grade of action, with sloughing, and perhaps hemorrhage. You cut down and tie the artery, or re-amputate; continue the same treatment, and you have mortification, when your patient dies—not from the injury, but from cold and long exposure when dressing. I have no doubt but that hospital gangrene is assisted very much in its development by this treatment.

Having had our say in reference to cold water dressings, allow us to say a few words on the subject of *cold water drinks*, or drinks in general, for wounded men. I believe it is the practice and "*preach*" of our profession to give men all the drink they crave; and all have seen or heard of the dreadful thirst of wounded men on the battle field, and would think it their first duty to allay it, guided only by the sensations of the sufferers. The cause of this terrible thirst is usually the loss of blood. Blood is again required by nature; to supply water you relieve the thirst, but so impair the blood that it cannot supply the necessary elements to repair the injury, and vastly increase the suppuration of wounds. Physiology should teach us this, and experience with the wounded confirm it.

We believe it is of far more importance to control and direct the amount and kind of fluid a man is to use, than to direct any other one thing in his treatment. If the fluids are withheld for a short time, the blood vessels are supplied from the fluids in the surrounding parts by absorption, and their contraction and adaptation to their present condition, when the thirst ceases.

Again, in giving so much cold water, you waste a large amount of animal heat, so important to your exhausted patient, and not unfrequently induce vomiting, from overloading the stomach with water, which endangers and injures your patient. We would recommend, from our experience, to give fluids sparingly, not only at first after an injury, but during the cure of the wounded men, as too much fluid would impair the inability of the blood to grow healthy granulations, and greatly increase the amount of suppuration.

II. On Resections.

We have seen, during the war, a large number of cases of resections in the arm and forearm, and have been pleased with their results. I have, in many cases, removed from four to six inches of the humerus, and in several cases to include the head, which have been followed by quick recovery and a very useful arm, far better than any artificial arm I have yet seen.

During the first part of the war a great many arms were lost by amputations, under the impression of surgeons that the amputation gave the patient a less severe wound than to try and resect. Thus, if a man had received other injuries besides, the arm was amputated. From the experience I have had in resections, I believe the shock to the system is nothing compared to amputations, while the wounds heal with less exhaustion to the patient.

The first operations I saw made by other surgeons, and those I made, were wrong in this: The pieces of crushed bone were removed frequently by forceps, using more or less force in pulling them out. In so doing, the muscles are more or less displaced, and their intermuscular connections broken up, causing a greater degree of inflammatory action than is necessary.

While a patient is under the influence of chloroform, many think it is no matter how much violence is used. This is a great mistake, as inflammation will follow to an amount in proportion to the injury inflicted. The proper way to remove crushed bones is to make a free opening to them, and then carefully dissect them out with small, round pointed knives.

As a rule, all the pieces of bone should be removed, but it is not usually necessary to dissect the ends of the shafts out, for I have frequently cut the end of the bone when not more than one-half the shaft remained, saving two or more inches of the bone for the man. When the soft parts are firmly attached to the bone, no trouble will follow from necrosis. The dressings should be light, and so applied as to permit of the free discharge of matter as soon as formed. When three or four inches of the bone is removed, I would not expect to unite the bones, yet these cases result in good, serviceable arms when supported with a proper splint. In all cases of crushed bones, when an attempt is made to save the limb, the pieces should be carefully removed before inflammation sets in. Much less inflammation will fol-

low than if these pieces were allowed to remain, as has been sometimes advised, until they become loosened by the efforts of nature.

REFLEX ACTION OF TENDONS.

BY ISAAC OTT, M.D.,
Of Easton, Pa.

In health, but especially in diseases of the spinal cord, Erb* discovered that when the leg is slightly flexed gentle tapping of the tendo-patellæ caused a strong contraction of the quadriceps extensor. This he designated "patellar tendon reflex." When the foot was flexed, thus putting the tendo-Achillis on the stretch, it also produced contraction of the muscle to which it is attached. Brown Séquard's method of flexing the great toe did not prevent it. Subsequently, Westphal took up the subject, and called the patellar contraction "leg phenomenon," and the tendo-Achillis contraction "foot-phenomenon." This latter phenomenon took place in hemiplegia during the first week of its onset, and in paraplegia of a spinal origin, especially when connected with continuous rigidity of the muscles of the lower extremity. Both these "phenomena" are absent in cases of tabes dorsalis which are well marked, and in gray degeneration of the posterior columns, but are met with in myelitis, spinal apoplexy, tumors, and embolism. It was the opinion of Westphal that these reflex actions were due to direct excitation of the muscle by the vibration of its tendon, and that there is some relation between them and a defect in the conduction of the lateral columns of the spinal cord. On the other hand, Joffroy agrees with the discoverer, Erb, that they are reflex in origin, and that even irritation of the skin in those parts will produce them.

Schultze and Fürbinger† have conducted experiments on this subject and found these phenomena failed if the crural nerve was cut or woorari used. They do not agree with Joffroy in the statement that irritations of the skin will cause them. As the matter is in dispute, I found, on examination of a case of myelitis under my care, that on tapping with the finger the tendo-patellæ, a strong contraction of the quadriceps extensor took place. In fact, it was found an easy means of straightening out his limbs when contracted. Pinching the skin in that vicinity did not produce it, as one would expect from the statement of Joffroy. In this case flexion of the foot produced contraction of the tendo-Achillis muscle, and plantar flexion of the great toe did not prevent it. The great objection of Westphal's is, that he knew no kind of reflex action resulting from tendons. Now Schiff* has shown that if, during chloroform anæsthesia, the tendo-Achillis is electrically irritated, there ensues dilatation of the pupil. It had been known for a long time that irritation of the skin had a similar effect. In experiments on this subject I have also seen, during the irritation of a tendon in chloroform anæsthesia, that the pupil dilated. Care was taken that the iris received the same amount of light, and that there was no spreading of the electric current.

Now, if an irritation of a tendon produces movement of the pupil, I see no reason that it could not cause the same in the quadriceps extensor. As an aid to diagnosis these "phenomena" show first, that the reflex action still persists; second, that the disease is neither tabes dorsalis nor gray degeneration of the posterior columns of the spinal cord, reaching to the lower dorsal or lumbar region; and third, that tapping the tendo-patellæ is an easy means of straightening out the extremities in myelitic paraplegia.

* English Journal of Physiology, April, 1876.

† Centralblatt für die Medicin. Wissenschaften, No. 54, 1876.

MONSTROSITY — POSSIBLY FROM MATERNAL IMPRESSION.

Read before the regular monthly meeting of the West Philadelphia Medical Book Club, October 27th, 1876.

BY D. G. HETZELL, M. D.,
Of Philadelphia.

Mrs. R., aged twenty-two years, called at my office, July 3d, 1876, to consult me in regard to her health and engage me to attend her in confinement about the last of July. She complained of feeling a dead weight in her abdomen (stomach, as she designated it); she felt sick, tired, scarcely able to drag along; headache; fever more or less. Examined her pulse; one hundred per minute. She had not felt the movements of the child for several days, and, in fact, she never felt it as she did when she carried her first (this being her second pregnancy). She was extremely nervous, her strength was failing, and she was very much reduced in flesh. I pre-

* La pupille considèree comme Esthésiomètre.

scribed potass. bromid. and elixir valerianate of ammonia, and did not see her again until I was sent for on the 9th of July, about eight o'clock in the evening, when I found her in severe labor.

She stated her pains first came on about four o'clock in the afternoon, whilst out carriage riding in the park in company with her husband; feeling unwell, she expressed a desire to return home. I found her complaining of severe pains in the lower part of her abdomen; she wished me to make all possible haste and relieve her. Upon making an examination, I found the membranes ruptured, and a foot presenting. She felt much anxiety respecting herself, and inquired of me several times if everything was right. I evaded her question by enjoining upon her patience and courage; her pains were very severe and close, and in a short time I noticed another foot, but no legs; the two feet appeared to me as if protruding through a ball; presently, with a severe pain, the body was born, there being no arms, a hand emerging from the shoulder at each side. At this stage she appeared very nervous and exhausted, and it was with great difficulty that I could keep her quiet until the head was born, which was fully half an hour after the body. I was on the eve of sending for my forceps, when suddenly, as it were, a severe pain came on, and with great force it was born, and I had before me a monster such as I never before witnessed. The cord was very thin, not larger than a piece of ordinary tieing yarn. The placenta and membranes came away shortly after, with considerable hemorrhage.

On the following day she had very high fever, with great thirst; as the nurse said, she fairly burned. I treated her with quinine. She complained of great soreness in her back bone—os coccygis. There were no signs of any milk in her breasts, and in two weeks she was convalescent and ready to attend to her household duties. The monster was still-born; apparently dead a week or ten days; it was fully developed and weighed nine pounds; length eighteen inches; seventeen inches in circumference around the body at the navel. Its head was very large; the face was fully developed equal to a child three years old; the cheeks were very round and fat, hiding from view the nose, which was very small; chin double, folds of fat obliterating entirely its neck; the forehead was high and tapered off to the occiput; the head measured sixteen inches in circumference at the occipito-frontal diameter; its sex was not fully determined, but was intended for a male, there being a small pedicle or penis emerging one inch below the navel; no scrotum; anus in proper position. Taken as a whole, it presented quite a peculiar appearance. I gleaned from the mother the following history: Last saw her menses November 30th, 1875, and in February, 1876, in company with her husband and friends, visited the Zoological Garden; among the numerous animals there exhibited none attracted her attention so much as the sea lions or cows. States that she was fully one hour watching them, and became so interested that she could not expel them from her thoughts; at home she spoke of them on going to bed; it was nothing but sea lions; she dreamed of sea lions; she would place her hand up to her shoulders to show how they used their hands, little thinking that she was producing a photographic likeness of those very monsters on her conception.

Hospital Reports.

ORTHOPEDIC AND NERVOUS INFIRMARY.

CLINIC OF S. WEIR MITCHELL, M. D.

REPORTED BY C. C. VANDERBECK, M. D.

Gentlemen:—We have two cases of

Infantile Paralysis

at the clinic this morning, I shall present both of them to you for examination and comparison.

Case 10.—The first case is a little girl, aged nineteen months, who, up to the fifteenth month of life, was very well. One evening last July, after a mild diarrhœa, she became slightly feverish. The following morning she was found to have lost, almost completely, the use of the right lower extremity. For several days she was quite sore and sensitive to the touch when being handled. This hyperæsthesia existed more particularly in the trunk, especially over the back. This is a fleeting symptom belonging to those cases where the spinal meninges are affected, in connection with the ordinary lesion of infantile paralysis, existing in the anterior horn of gray matter of the spinal cord. In some of

these cases a stiffness coexists with the exalted sensibility, an example of which I saw in my private practice this very day. This sort of tetanic condition is also transitory. She is able to flex the toes and extend the foot, but is unable to flex the foot. The general health of this girl is excellent, which is the rule in cases of true infantile palsy. No internal treatment is required in such a case; all that is needed is an apparatus to keep the foot in position and a systematic and faithful course of frictions and electricity to the limb.

Case 11.—The second case is that of a boy, aged ten years. This case is interesting in several particulars. In the first place we see the remote results of an attack of palsy, which happened when he was only sixteen months old. Let this impress you with the chronic course of this disease Be guarded in giving a prognosis to the parents. Do not lead them to believe it a slight and easily managed disease. It is a question of months, years, or even a lifetime It is only the mildest cases that are perfectly restored. If the palsy exists to any great degree some loss of power in some set of muscles, or in some individual muscle, is almost certain to remain.

The history of this case is as follows. The family are all well. He was a strong, hearty infant, and began to walk when he was fifteen months old. When about sixteen months of age, he fell down a long flight of stairs, but did not seem to injure himself. Three months after this, in August, he was suddenly paralyzed. It occurred while he was crawling toward his mother. He had just reached her and was about to climb into her lap, when his legs gave way, and it was discovered that he had lost power over the lower extremities. At the time of the attack, and, in fact, for some time previously, he had summer complaint.

Now, gentlemen, I ask your particular attention to this bowel disorder. Both of these patients were having, at the time the paralysis occurred, a diarrhœa, and we have discovered that many of these cases of infantile paralysis were suffering with an exhaustive discharge from the bowels before the seizure. Again, both of these cases happened in the summer, one in July, and the other in August. We have also ascertained that three-fourths of all the cases are stricken with the paralysis in this season. Hot weather seems to be an exciting cause. These points were arrived at by my friend, Dr. Sinckler, from a careful inspection of the reports of this institution.

This boy did not begin to use his legs until after two years, being in the cradle all this while. For some time after the attack he had no control of his bowels or bladder, rather a rare complication of infantile paralysis, though often an accompaniment of paraplegia. There is still a weakness of the bladder; you notice the legs are much wasted, or to speak more correctly, the muscles have never developed. The circulation of the extremities is languid, as shown by the great coldness. You notice that a deformity of the feet exists, a double valgus,* one of the more rare varieties of deformity following this disease.

The general health of this boy is good. No internal treatment is required. The limbs need careful and thorough frictions, and the frequent application of the galvanic current of electricity. It will be necessary to apply an apparatus to each leg, to correct the deformity of the feet. In regard to the proper current of electricity to use, it depends upon circumstances. If the muscles will react to the faradic current, then it can be used; if the muscles do not respond to faradization, then it is waste of time to use it. The application is not to stimulate skin and vessels, but to move and exercise the muscles. As a rule, in bad cases, galvanization is required. If the muscles do respond to the induced current it argues a more favorable prognosis. If they do not react to either current, the case is a very serious one.

Cerebral Palsy.

Case 12.—This case, gentlemen, is of interest in a diagnostic point of view, to distinguish whether the palsy here existing is of a local or a cerebral origin. This woman is forty-two years of age; washes for a livelihood. She went to bed apparently well, but awakened next morning with complete loss of power of the right arm. This occurred five weeks ago. For two weeks she could not move a finger. She says she could not feel for about the same time. Testing with the esthesiometer, you notice she has now a fair degree of sensibility. She complains of pricking feelings in her arm and hand. These sensations are subjective, and cannot be measured (Erb calls these peculiar symptoms paræsthesia, to distinguish them from anæsthesia, which is not perverted sensation, but true paralysis of sensory nerves.—C. C. V.). From the suddenness of the symptoms, coming on after a night's sleep, we might easily be led to believe this a case of local palsy from pressure, caused by lying on the arm during the night. She complained of no head symptoms before the attack.

Upon a close investigation, I am inclined to consider this a case of cerebral origin; some of the symptoms do not agree with the idea of its being a local palsy. She assures us that she has not cut her nails since the attack, yet they have not grown any. This favors the cerebral origin. The electric examination also favors this view. You notice no difference between the reaction of the two arms, and that there is no wasting of the muscular tissue.

Now, in palsy from local causes, there is generally a marked difference between the electrical reaction of the well and palsied sides, and there is also wasting. This is rather a difficult case to diagnose, but there is a strong probability that there is some central cerebral lesion. She is a drinker, and alcoholism may account for some

*The order of frequency of deformities from infant paralysis is:—1. Talipes equinus. 2. Equinus varus. 3. Equinus valgus. 4. Calcaneum variety. C. C. V.

of this trouble. Her urine must be carefully examined, as this may aid us in making a clear diagnosis. Albuminuria and contracted kidneys are, in many cases, accompaniments of slight cerebral palsies. The pathological condition of the brain in such cases is rupture of minute vessels, producing small clots. I have examined brains studded with these minute clots. Her heart is perfectly healthy. Time is an important element of treatment in this case. I also advise the administration of elixir cinchonæ, iron and strychnine; frictions, and the induced current of electricity must also be used. Dr. Gerhard will now take the patient in an adjoining room, and make an ophthalmoscopic examination of the eyes.*

Peripheral Palsy?

Case 13.—This man gives us a history closely resembling that of the previous case. The night of the 15th of October, three weeks ago, this man went to bed at eleven o'clock, after a day's debauch. When he awakened in the morning, he found he had lost the use of the right hand. This paralysis was not complete. He also felt the hand to be numb. He had no central symptoms previously. Upon testing the electric condition of the muscles, you see they are normal. Sensibility is good. The nails have been cut. We cannot obtain from this patient a clear history as how he was lying when he awakened, whether his arm was under his head or not. Yet there is scarcely a doubt but that this is a case of peripheral palsy, due to pressure. You might question me about the electric examination. In the case just gone out, I gave you, as one means of diagnosing central from peripheral palsy, the normal reaction of muscles on both sides in the former. In this case you must closely follow the history. Remember, this occurred three weeks ago, and was only partial. By this time a great improvement has taken place, so that we would not be apt to find any aid in electricity as a means of diagnosis. The loss of power, you notice, is chiefly in the extensor muscles, which is quite often the case in peripheral palsy. The situation of the musculo-spiral nerve favors its frequent injury by pressure. But paralysis may occur from pressure on the median nerve; and a very slight but long-continued pressure is all that is necessary to affect any of these nerves. The prognosis of these cases is favorable, recovery taking place slowly but surely. In such a case as this, where the paralysis was not complete, recovery may be expected in a month or six weeks. If the loss of power is more complete, then a much longer time is necessary for complete restoration of the arm. No internal treatment is required in this case. The application of liniments, daily friction and kneading, and the use of electricity three times a week, are the proper means of cure.

* Dr. Gerhard reported that the eye-grounds were very pallid, but there existed no change in the vessels. C. C. V.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, October 25th, 1876. Dr. C. K. Briddon, President, in the chair.

Sarcoma and Scleroderma of the Tibia.

Dr. Joseph W. Howe presented a specimen of sarcoma of the tibia, from a patient who was affected with scleroderma. The history of the case was as follows:—

The patient, a girl, nine years of age, had been under the care of Dr. Gibney during 1874. This gentleman had kindly contributed the early history of the case. The patient had fallen from her bed during December, 1873, sustaining a contusion of the inner portion of the right leg, which had subsequently become the seat of inflammation. One week afterward she felt as though she had been bitten on her right knee. She subsequently complained of intolerable itching of the contused leg. The skin now became discolored, roughened and indurated, and this afterward extending to the groin caused enlargement of the inguinal glands. Two months later the disease had involved the inner and posterior aspect of the right leg, further extending to the right natis and lumbar region. The thigh was flexed upon the abdomen, being the result of rigidity of the flexors of the thigh and of the hamstring muscles. The diseased integument presented the appearances of cicatricial tissue; the patches were irregular in form, and were continuous. They were also visible on the scalp. The skin surrounding the patches was discolored. The patient entered St. Francis' Hospital in the spring of 1876. She was greatly emaciated. A large ulcer, with ragged edges, was found to involve the inner side of the patient's right leg, extending from the knee to the ankle. The skin contiguous to the ulcer was thickened. The child being in a weakened condition on admission, it was deemed advisable to defer the performance of an operation until such time as her health would be improved. The lower extremity of the tibia began to enlarge under the ulceration during last August. Afterward a fungous mass appeared, which secreted a fetid pus, and measured six inches in the vertical and four inches in the transverse diameter. As the disease progressed, ulcerative action set in above the fungus (near the knee), and below it, extending to the great toe. A consultation of the surgeons of the hospital was held, and amputation was decided upon, which was performed on September 29th, by Dr. Howe, at the middle third of the leg. It became necessary to make the flap on the inner side of the leg, through indurated tissue. This flap seemed to be divided into an external and an internal layer, the former presented a shining white appearance, and the latter was of a yellowish color, and softened; it measured one-quarter of an inch in thickness. The medullary canal of

the bone was found to contain a reddish substance, of a fluid consistence, instead of the marrow. Consequently another inch and a half had to be sawn off, in order to reach healthy bone. Sloughing of a portion of the flaps, which had occurred after the operation, was thought to have been the result of using Esmarch's bandage. The patient did well after the operation, with the exception of a delay in the healing of the stump, caused by the presence of flabby granulations. The specimen showed that the tarsal and metatarsal bones and phalanges had been involved in the disease.

Dr. Delafield, who had made a microscopic examination, reported the presence of several varieties of cells; small and round, fusiform, and large, irregular polynucleated cells were discovered. Connective tissue was the principal element entering into the formation of the indurated skin.

Dr. Gibney said that while the patient had been under his care the urine did not contain any albumen, but he had learned that its presence had been detected on the child's admission to St. Francis' Hospital. At the same time enlargement of the liver had been found. After the operation the albumen had steadily decreased in quantity.

Penetrating Wound of Chest.

Dr. H. B. Sands presented specimens of the heart and right lung, with the following history:—

Dr. J. L. Thebaud, a well-known member of the profession and of this Society, had been the unfortunate victim of a most melancholy accident, caused by the explosion of a cartridge, which had resulted in his death. For years past the doctor had complained of dyspnœa and pain in the region of the heart. From what could be learned of the circumstances attending this painful accident, it would appear that while Dr. Thebaud was in the act of filling a cartridge through a brass tube an explosion suddenly occurred, wounding him severely in the chest. He immediately proceeded to his bedroom, up stairs, and Dr. Sands was summoned. The patient was greatly prostrated and delirious, and only slight pulsation could be detected at the wrist. Blood was running from a deep-seated wound of the chest, situated in the fourth intercostal space, and to the right of the sternum. On passing the little finger into the wound and pushing it to the extent of about an inch, it became arrested, meeting with some resistance. No foreign body could, however, be detected. Hemorrhage was also found to proceed from a lacerated wound of one of the patient's fingers. The occurrence of hæmoptysis on the day following the injury was an indication that the lung had been wounded. The patient suffered from dyspnœa, and was delirious on the fourth day after the occurrence of the injury. On the eighth day his condition grew worse, and increased in severity until the tenth day, when he died. Death was caused by syncope. The temperature after the injury was below normal, but had gradually increased during the patient's illness, until it had reached 101° Fahr. The respiration was accelerated, and the pulse varied between 100 and 120.

Autopsy.—The post-mortem examination was made by Dr. Finnell. A penetrating wound of the thorax was found, situated to the right of the sternum and measuring one by one and a quarter inches. On further examination the presence of a foreign body was discovered. It had entered the right lung, through the fourth intercostal space, and had become lodged there, penetrating also the pericardial sac and producing a slight abrasion of the heart. The foreign body consisted of an irregularly-shaped fragment of a brass cylinder, measuring one by one and a quarter inches. There was pericarditis and an effusion of blood into the pericardium. There were pleuritic adhesions of both lungs, and signs of chronic pneumonia were visible. Localized pneumonia was seen in the vicinity of the injured lung tissue. Dr. Sands said that had the presence of the foreign body been ascertained, he thought that an operation for its removal would not have been justifiable, for the reason that it would have been necessary to exsect a portion of the ribs.

Dr. Post was of the opinion that an operation would have been useless, taking into consideration the patient's prostrated condition.

Dr. James R. Wood was of the same opinion.

Morbus Coxæ—Exsection.

Dr. C. K. Briddon presented a specimen of hip joint disease, with a history as follows:—

The patient, a child two years of age, an inmate of the Presbyterian Hospital, when eight months old had sustained an injury resulting in slight lameness. Three months ago an abscess of the thigh had developed. There was flexion and abduction of the affected limb when the patient entered the hospital. On October 16th exsection was performed. The acetabulum was found to be covered with granulations at the time of the operation.

Osteo-Sarcoma of Tibia.

Dr. C. M. Allin exhibited, for a candidate, a tibia, which was the seat of an osteo-sarcoma about the size of an orange. A gentleman, aged sixty-six, had suffered from rheumatism. He had first complained of pain in his tibia, coincident with which the bone had become enlarged. A fungous mass had subsequently appeared, presenting the character of osteo-sarcoma. Amputation at the knee-joint had been performed.

Alveolar Sarcoma of Inferior Maxillæ.

Dr. Heitzman said that he had made a microscopical examination of the tumor presented by Dr. Post at the last meeting of the Society, and had found it to be an alveolar sarcoma.

Editorial Department.

Periscope.

Thoracentesis Performed Seventy-four Times in a Child, for the Relief of Purulent Pleuritis, Followed by Cure.

Translated from the Italian, by John B. Roberts, M. D., of Philadelphia.

A boy, aged 11 years, of delicate constitution, was attacked in December, 1873, with persistent dry cough, loss of appetite, and malaise. In the beginning of January, 1874, a left-sided pleuro-pneumonia was developed; all doubt as to the disease possibly being tuberculous was eliminated by the frank course of the malady. After two weeks had passed the rational and physical signs of pneumonia diminished, but the fever persisted, and soon signs of large effusion into the left pleura manifested themselves. The displacement of the heart, and the great distress of the patient, persuaded the attendant to perform paracentesis, and on January 23d 1440 grammes of pus were accordingly evacuated, by means of the aspirator, giving instantaneous relief to the little patient. The following day the effusion was found to have been reproduced, so that it was necessary to have recourse to a second puncture, which gave vent to 1680 grammes of pus.

On February 3d a third tapping was necessitated, and between this day and the 14th of the same month four operations were done. As the character of the fluid remained the same, it was thought proper to employ disinfectant injections. In six days the fluid was much diminished and of good quality, so that everything pointed to a rapid recovery. Then the fever and pleurisy recurred, presenting phenomena of gangrene of the pleura. Puncture was repeated and tincture of iodine, perchloride of iron, etc., were injected into the pleural cavity. On the 13th of May thoracentesis had been performed seventy-four times, by which there had been removed nearly thirty-seven pints of pus. Attempts at the production of a fistule for drainage and injection were not very satisfactory, though they had been made several times. Encysted pleurisy behind the mammary region and below the clavicle then occurred, and threatened life from pressure upon the heart, but the false membrane fortunately ruptured spontaneously. Finally, on May 14th, a siphon drainage tube was introduced, and by the first of August the cure was almost complete, but was retarded by the formation of an abscess at the point of exit of the tube. Under a continuance of injections and internal medication cure followed about the end of October, after a long struggle of ten months.—*Gimbert, Annali Universali di Medicina.* (*Parte Rivista*) *Maggio*, 1876, *p.* 485.

Signs of the First Stage of Phthisis.

It is so all-important to recognize phthisis at its inception, that we quote the following summary from a lecture in the *Lancet*, by Dr. Jas. Edward Pollock:—

The *first stage*, which consists in a filling up of the alveoli by inflammatory or tubercular products, is recognizable by the signs which indicate altered physical conditions of a portion of the lung. In health we hear the gentle vesicular murmur caused by the entering air, followed by an equally gentle expiration-sound as the air is expelled, and the percussion-note is even on both sides. The voice scarcely resounds through the elastic air-tubes, but communicates a gentle purr or fremitus to the hand when applied to the chest-walls. But if a portion of lung be solidified surrounding a pervious air-tube, all this is altered. There is a dull note on percussion, because less air is under the finger. The entering air-sound may be *feeble, harsh*, or *jerky* and interrupted; the expiration-sound is prolonged unduly; while the voice-sounds are propagated to the ear as through a tube, and the heart's sounds are also conducted. Now these are common to the first stage of phthisis, but why? All that auscultation can tell you, is that a portion of the lung has several of its physical conditions altered, but of the nature of the product which so alters them it can tell you nothing. That knowledge can only come to you by a study of the other relations of your case. Let us try these alterations by their meaning.

Feeble respiration may be due to obstruction in one or more bronchioles, by pressure on their walls or narrowing of their calibre; by any obstacle to air entering, as a tumor or a foreign body in the bronchus; by anything which increases the distance of the lung from the ear, as effusion into the pleura or by a thickened pleura: and by emphysema which impairs the elasticity of the lung.

Harsh breath-sounds may be due to thickening of the walls of the air-cells, whereby their elasticity is impaired, by induration causing pressure on the alveoli, and by dryness of the mucous membrane of the bronchi.

Prolonged expiration depends on a difference in the density and an alteration in the elasticity of the lung, whereby a sound naturally feeble is developed and rendered more audible.

The *bronchial* or *tubular* character of the breath-sounds and voice is caused by the increased conducting power of the solidified lung, and excessive audibility of the heart-sounds means the same.

The *wavy* or *interrupted* inspiration sound is only valuable when permanent and conjoined with other sounds which indicate solidification,

as a whiffy or tubular character of breathing. It is probably caused by alterations in the elasticity of the alveoli and their irregular expansion.

Now, if you can group several of these signs in any one case, and if dullness co-exist, and the space presenting these phenomena be limited in extent and one-sided, you may be sure that some solidifying alteration has taken place in and around the alveoli of that part of the lung. But if this condition be preceded by slight loss of flesh, sub-febrile symptoms, and with dry cough or a scanty flocculent expectoration, you may be pretty sure that you are dealing with the early stage of phthisis. But you only know your patient's present state; the future is masked, or may be altered by various other agents than those now evident to you. Physical evidence is always true, but the inferences may not always be correct. I have pointed out to you that even from this state of things there may be recovery; the alveoli may collapse, the chest-walls fall in, the morbid product in the lung undergo degenerative change, dry up, and be expectorated, and a little flattening and dullness alone betray the nature of the attack.

Carbuncular Inflammation of the Lip.

Dr. J. Milner Fothergill describes a case of this extremely dangerous disease, in the *Practitioner*. His treatment was successful, and merits study. The patient was a strong, middle-aged man. The lip was opened in several places, and the abscess on the left side of the nose laid open. The effect of the pain was to improve the pulse, which became slower and fuller under the stimulus. The pus that flowed was creamy and laudable. Both these facts were encouraging. The lip was dressed with a solution of carbolic acid, to prevent any putrefactive change in the pus that might give rise to poisonous products, which being absorbed might cause pyæmia. Fifteen drops of the muriate of iron were given, with five grains of quinine, brandy to eight ounces; fluid food *ad libitum* was ordered; and it was determined to procure sleep at all hazards, the last night having been almost sleepless. The tincture of opium was selected, there never having been any albumen in the urine to contra-indicate it, and half a drachm was given at once, with fifteen drops of tincture of digitalis to obviate too much sedative action on the cardiac ganglia; the asthenia being pronounced, it was decided to continue the laudanum till sleep was induced. At midnight forty drops more of laudanum were given, but still sleep was not procured; at 5 A. M. another half drachm was given, and sleep gradually came on.

On Saturday sleep was constant, and on the patient being wakened to take his food and medicines, he immediately dropped off again. During these waking intervals there was no delirium. The meteorism continued, so turpentine stupes were ordered. Half a drachm of laudanum to be given at bedtime. The lip was suppurating freely, and pus of good quality.

On Sunday, the 19th, the condition of matters was satisfactory. The patient took any amount of food given to him. The turpentine had lessened the meteorism very decidedly, and the proof of the returning tone of the intestinal muscular fibre was very audible. The belly, though still swollen, was soft. The soporose condition continued. The lip was discharging freely, and in order to obviate any septic poisoning as far as possible, fifteen grains of chlorate of potash were given with each dose of quinine and iron.

Monday; still improving; could raise the arms above the head. The intellect was unclouded, the muscles were steady, the tongue clean, the bowels had moved freely, all fetor had gone from the breath, and the general condition was all that could be desired. Indeed, the picking up was even swifter than the downward progress. The patient made an uninterrupted recovery; the lip gradually diminishing in size, and the scars small and unimportant.

On Friday, the 17th, the condition of the patient was very grave, and if sleep had not been procured by active measures the case would soon have been hopeless, Dr. Broadbent's experience at the London Fever Hospital leading him to take a rather gloomy view of the case, for in his experience of facial carbuncle, namely, eight cases, only one recovered, and in that case the lip "ripened."

What Determines the Sex of Children.

The last number of the *American Journal of Obstetrics* says that Prof. Mayerhoffer, of Vienna, believes that the sex is determined solely during conception by a vital interchange of quality between the ovum and semen. A number of facts can be explained only by assuming that the human ovum during conception, under all circumstances, seeks to enforce the female sex, and the semen, with equal persistence, the male. Whether the product of conception becomes a boy or a girl depends upon which of the two contestants, the semen or the ovum, gains the ascendency. These facts are the following:—

1. The influence of the relative ages of the parents on the sex of the children is proved beyond doubt by statistical researches. Hofacker, Sadler, and Gohlert found that in those marriages in which the father was older than the mother, a considerably larger proportion of boys were born; but that when the parents were nearly of the same age, or the husband was younger than the wife, the number of girls largely predominated. The excess of the male population in Germany is thus explained by the fact that in that country, as a rule, the male sex marries later in life than the female.

Therefore, the man as well as the woman takes part in the determination of the sex, and the human ovaries neither contain male nor female ova, nor does the semen contain male or female spermatozoa.

In proof of the definite decision of the sex

during and not after conception (that it does not occur *before* conception has been settled above), three observations, taken from breeding animals, are quoted:

2. The degree of nutrition (physical development) of the male and female mammal appears to exert an influence on the sex of the fœtus. Martegoute found that those sheep which brought forth female lambs were of average greater weight than those delivered of rams.

3. Preservation of the semen by infrequent coition probably favors the formation of the male sex during conception. Thus, at the sheep-breeding establishment of Blanc, in France, it was annually observed, that during the beginning of the breeding season, so long as the ram still possessed his full vigor, more male than female lambs were produced; as soon as the number of ewes in rut rapidly increased and the ram gradually exhausted his strength, female lambs predominated, to make way again for an excess of male lambs when the height of the season passed off and the powers of the ram were less taxed.

4. It is also exceedingly probable that mammals, cows, for instance, which have become impregnated during the early part of œstruation, more frequently bear female, others impregnated near the end of œstruation, male calves (Thury). This fact—that the time of impregnation, whether at the beginning or end of heat, exerts an influence on the sex of the fœtus—needs additional confirmation. It may be explained as follows: The longer the ovum has been separated from the ovary, and the nearer it, therefore, approaches its dissolution, the more it loses vigor to assert its sex during conception.

Successful Treatment of Meningitis.

In the *British Medical Journal*, Dr. J. Cross reports this case:—A boy, aged six, had had persistent vomiting and headache for about a week before he was seen. The headache was paroxysmal, and so severe as to awaken the child from sleep; it was at first occipital, but afterward frontal, and during the paroxysms the brow was very contracted. There were strabismus and dilated pupils, but they were equal and fairly sensible to light. There was also great intolerance of light and sound. The abdomen was retracted, and the *tache cérébrale* could easily be produced. The pulse was irregular and weak, and occasionally intermittent, and the respiration unequal and sighing. Improvement took place steadily under hydrargyrum cum creta in grain doses, at first every four hours, and afterward three times a day, and two grains of iodide of potassium, with three grains of the bromide, thrice daily. When convalescence began, iodide of iron and cod-liver oil were administered. A curious feature of the case was that, when he was first able to get up and move about the room, he walked with a jerky, shuffling gait and back bent almost double; but he eventually walked quite steadily and perfectly erect.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Of recent English publications, we may mention Sir J. R. Cormack's "Clinical Studies," and Dr. Ferrier's "Functions of the Brain." Smith, Elder & Co. also announce as to appear shortly, a "Handbook of Ophthalmic Surgery," by Mr. B. T. Lowne.

——In France, a very important work on "Diseases of the Larynx," by Dr. Faurel, has appeared, profusely illustrated; and M. Bouchut's important researches upon cerebroscopy have taken the form of an atlas ("*Atlas d' Ophthalmoscopie Médicale*").

——In Germany, should be noted the recent work of Dr. Hermann Baas: *Grundriss der Geschichte der Medicin und des Heilenden Standes* (Outlines of the History of Medicine and of the Physician's Status). In his first division he treats of the medical theory and practice of those peoples whose development in this direction is closed—the primitive peoples. In his second, he handles the medical theory and practice of those peoples whose development in this direction either was, or still is, progressive. This division contains four periods—1st, that of the Greeks and Romans down to the fall of the Western Empire; 2d, that of Europe down to the discovery of America; 3d, that of Europe and the colonies down to the close of the first French revolution; and 4th, that of the present century all the world over. Treated as Dr. Baas treats it, this history amounts to something like a text-book of universal pathology and therapeutics. In the historical survey of the physician's status, he gives a great deal of curious, entertaining, and always valuable information touching the practitioner's relations with his clients, the fees given, the mode of prescribing, and so forth. Portraits of eminent medical men are inserted.

BOOK NOTICES.

Transactions of the Medical Society of the State of Pennsylvania. Volume xi. Part i. 1876. pp. 376.

This volume of the Pennsylvania Transactions impresses us as one of more than usual

excellence. It differs from most State reports in *not* being a volume made up of essays and papers on various topics, more or less of which have already appeared, in whole or in part, in the periodical literature of the day, but is, in fact, a series of reports from the various county societies, on the sickness, epidemics and treatment of the previous year throughout the State. This plan for a State report is very much the best, and it is one which deserves to prevail over the species previously mentioned. Each county Society appoints a Committee, whose duty it is to correspond with the various members of the Society, and collect from them the facts, which are summarized in a report to the State Society.

The matter in the volume is excellent. The "Address in Obstetrics," by Dr. Davis, of Wilkesbarre, introduces a new mode of dealing with placenta prævia. The "Address in Surgery" is an admirable epitome of progress, by Professor Agnew; that in hygiene a very pertinent comment on the importance of drinking water, by Dr. Benjamin Lee.

The county reports are full of good suggestions. We have marked a number to refer to hereafter, and we may introduce a few at this time.

Dr. J. H. Musser, of Lampeter, describes a case in which he made *one hundred and seventy-seven* hypodermic injections of ergot for uterine tumor, with very gratifying success.

The reporter from Lycoming Co. (name not given) says he has tried the abortive use of quinine in whooping cough, as described in this journal, and failed. He prefers belladonna.

Dr. B. E. Mossman states that, from his experience, chloral will "very easily, quietly, and completely dispose of a paroxysm of intermittent." Our readers may recall that Dr. B. Lee said something of the same kind in the Reporter last spring.

Dr. A. S. Harshberger recalls a once-lauded mode of treatment when he tells us that very good success has attended his treatment of chronic rheumatism with pokeroot—the *phytolacca decandra*.

Dr. A. Rothrock, who has practiced in Mifflin County since 1830, gives some very judicious and valuable observations on the changes which diseases have undergone in that locality during the half century (nearly) he has watched them. He makes the pregnant observation that at present all diseases are becoming more inflammatory in their character. Hence, he thinks, with Dr. Hiram Corson, of Montgomery Co., that bleeding is demanded more frequently than it is performed.

The report of the latter is characteristically pointed and vigorous. He illustrates the danger of *not* bleeding, and gives valuable therapeutic hints.

The Northampton County report has a vivid description of gastric vertigo, from the pen of a physician, himself the victim of this most disagreeable complaint. The same report has commendations, from Dr. Green, of the use of salicylic acid in ulcerations of the meatus auditorius, and in fetid perspiration. In the latter he uses, as a lotion, two drachms of the acid to a pint of water; he does not say whether the relief is permanent or temporary only. In poisoning by rhus toxicodendron he finds the sodium chlorate more effective than the potassium salts.

A very clear description of the epidemic of scarlatina in Reading, and that of typhoid in Philadelphia, may be found in the respective county reports. They are stirring sermons on cleanliness and temperance.

Case Book, with Hints as to Case-taking. By George Brown, M. R. C. S., etc. Cloth. Price 60 cents. For sale at the office of the Medical and Surgical Reporter.

This is a book of convenient size for carrying in the pocket, printed and ruled to allow four pages to each patient, if so much is required. About thirty patients are thus provided for, when the book can be laid aside and another one commenced. The "Hints on Case-taking," which occupy the printed matter at the beginning of the book, present a brief summary, or set of memoranda of the points to observe and note in medical and surgical cases. It is an exeremely practical and useful feature for students and young practitioners—and for some old practitioners, too. All alike would do well to get into the habit of keeping such records of their cases. Experience is trebled in value by writing it down, and from time to time reading it over.

The book is on fine and thin paper, well surfaced, and will be popular always to one who tries it once.

THE

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THE MORTALITY FROM SYPHILIS.

The agreeable (?) view defended by certain English and American *syphilophiles*, to which we adverted in a previous number (see MEDICAL AND SURGICAL REPORTER, cur. vol. p. 278), to the effect that the world is becoming rapidly inoculated with syphilis, and that the disease is thus losing its power, must not cause premature rejoicing. We are a long way off immunity yet.

Perhaps, indeed, much of the injury the disease works escapes us, through defect of observation. A few years since an able New York syphilographer, in a series of articles, maintained that syphilis does not, in the mass, shorten life, and that having suffered from its constitutional forms should not be a bar to one's being taken as a "first-class risk" by a Life Insurance company.

It is true that very few deaths appear in the mortality reports under "syphilis." But it is noticeable that some of the most favorably situated observers have of late recorded very gloomy prognoses in certain venereal lesions.

Dr. ALFRED WILTSHIRE remarks, in the British and Foreign *Medico-Chirurgical Review*, there "seems to be evidence, from the pathology of the nervous structures, that mothers who bear syphilitic children without themselves displaying the ordinary phenomena of syphilis are liable to cerebral and spinal lesions at periods long remote from the time of the infecting pregnancy."

This throws an ugly light on the possible origin of a good many of the nervous breakdowns so common in multiparous females. How often is paresis, ataxy, central softening, and the like, the results of unsuspected inoculation?

Again, Dr. CHARLES MAURIAC, Surgeon to the Hôpital du Midi, Paris, in his late brochure on syphilitic laryngitis (*Leçons sur les Laryngopathies Syphilitiques Graves*, 1876), holds the following decidedly disturbing language over one of his patients:—

"If this case of syphilis was not malignant from the first, it offered at its very commencement, and in its successive manifestations, a gravity which, far from diminishing, as we sometimes observe, only increased with time. What do we, indeed, remark? After a primary sore, which was ulcerated, but was rapidly cured, there arose a generalized eruption, which simulated small-pox—that is, which was pustular: at the same time the throat, and especially the larynx, were gravely affected. Then, almost without interruption, a new eruption arose. It was circumscribed, but ulcerated the skin deeply and attacked the testicles. I put myself in the position of giving a prognosis in judging of such a process as this. Well, I tell you that syphilitic determinations of an ulcerative nature, which attack time after time the skin and mucous membranes, ought to make us generally foretell a long future of deep lesions and grave accidents, even when they may have been rapidly amended, or cured by specific treatment; even when, as is the case here, the general strength of the organism has been respected.

"You will object, perhaps, that medication by means of mercury and iodine commenced from the beginning of the disease would have doubtless put to flight these accidents. I agree to this to a certain degree, but I have so often seen cases of syphilis treated in the best manner only be superficially cured, and pursuing these evolutions in spite of all our therapeutic

tentatives, that I believe in *the fatality of the eruption in the benign forms, as well as in the grave forms of the disease.*

"This is a way of looking at affairs which is, I confess, but little reassuring; but, at the risk of passing for a pessimist, I frankly confess to you, because I am convinced that this is the expression of the reality. Our patient will furnish a proof of this. As he had done so well under treatment during his stay in hospital, he did not fail to continue it after his departure. If his syphilis had been ill-treated, and even rather abandoned to its natural evolution during the first thirty months, it had been attacked since that time on all its manifestations by mercury, and especially by considerable doses of iodide of potassium. The use of this latter remedy had not been abandoned for the last year. Our patient has only abandoned it from giving up the war in despair, and when he saw he could not regain his voice and right testicle in their normal condition.'"

Dr. T. R. Sturgis, of New York, has discussed some of the points of hereditary syphilis quite carefully. He confesses it is very difficult of solution. In a paper which was printed in the Chicago *Medical Journal and Examiner* last June, he gives some striking examples of *apparently* healthy mothers having syphilitic children.

In regard to some statistics of Kassowitz, he remarks:—

"We cannot be positive that syphilis will not reappear after many years' latency, and I will only remind you of Fournier's case, reported by him in *L'Ecole de Médecine*, August 30th, 1875, and quoted in *Lyon Médicale* of September 19th, 1875, to show that it does. Seventeen years of latency did not protect the unfortunate patient (who, by the way, was a medical man) from a sudden explosion of nervous syphilis with death. It is for this reason, I say, that even though no lesions are visible for four years, the length of time that some of Kassowitz's cases were under inspection, that fact proves nothing, nor does it disprove the possible existence of syphilis."

This, too, is rather a gloomy outlook, and it seems confirmed by a statement lately uttered by that veteran syphilographer, Charles R. Drysdale, of London, to this effect:—

"I have myself, on several occasions, witnessed the recurrence of long-dormant syphilitic symptoms after the performance of operations, or after wounds of any kind, and there can be no doubt that rupia is not very unfrequently reproduced in syphilitic patients by traumatism. Last winter I witnessed such an effect in the wards of M. Verneuil, in Paris; and that great surgeon, who is especially alive to the importance of becoming acquainted with the diathesis of any patient on whom he is about to operate, has tempted, by his remarks on this important subject, one of his pupils, Dr. Petit, to write a pamphlet on the effect of syphilis on wounds. The teaching of such cases as he refers to is, that special treatment should be made use of when any unusual results occur after operations."

In spite of the enormous industry which specialists in syphilis have manifested, there are worlds before them yet unconquered, hidden conduits of the venereal poison which, as yet, we do not dream of.

Notes and Comments.

Therapeutical Notes.

ASTHMA.

Dr. W. B. Furman says, in the *American Medical Weekly*:—

The following remedy I can recommend as sure to quiet any paroxysm of asthma for a time, and in uncomplicated cases I am seldom called on to give more than one or two doses:—

R.	Sulph. atropiæ,	gr.j	
	Aquæ bullientis,	ʒvij.	M.
Dissolve and add—			
	Sulph. morphiæ,	gr.xv.	M.

Sig.—Use from six to ten drops hypodermically.

This preparation may, with the utmost safety, be used during the most severe paroxysms, and never fails to gratify the suffering victim and satisfy the physician.

The above solution will keep indefinitely, with the addition of two drops of carbolic acid. I will simply add that the grindelia robusta has, in my hands, so far proved itself unreliable in asthma.

PICRIC ACID FOR SORE NIPPLES.

In an article published in the *Courrier Médical*, Dr. Charrier recommends the use of picric acid in solution as a cure for sore nipples. The application has the effect of rapidly removing the pain, and checking the morbid secretions. The acid is used in the following manner:—It is important to employ the chemically pure product, perfectly free from soda, and solutions of different strength are prepared. The first, or concentrated, solution is made of three drachms

of picric acid dissolved in two pints of water; and the second, or weak, solution only contains sixteen grains of acid to the same quantity of water.

To apply the lotions, the nipple is first well cleaned and washed with a fine sponge and lukewarm water; then a very fine camel's hair pencil, dipped into the concentrated solution, is gently passed over the chapped and inflamed parts. This is done once a day, in the morning; and each time after the child has been suckled the nipple is immersed during three or four minutes in a small glass filled with the weak solution.

The Quantity of Drugs Used.

At the meeting of the American Pharmaceutical Association this fall, it was stated that the total imports for the fiscal year were $476,000,000, while the total exports were $596,000,000, leaving a balance in our favor of $120,000,000.

The character of many of the powdered drugs of the market was alluded to, and their quality hinted at by the comparative prices at which they were sold, and the value of good crude drugs. Borax was exported to the extent of 3,000,000 pounds, while California and Nevada have produced in all during the year 6,000,000.

The Pacific Coast has furnished during the year 54,000 flasks of mercury, while less than that has been produced by all the other nations of the world combined. The product of opium was stated to be smaller in amount for the year than was anticipated, and it would probably advance in price still further.

The Cure of Spermatorrhœa.

Dr. Ultzmann, of Vienna, contributed some articles on this subject to the *Medicinische Presse*, of that city, last summer. He commences by insisting upon the gravity of the disease, and the necessity for active treatment. The most efficacious measure is catheterism; but one must use a large catheter, of metal, and it must be inserted every day and allowed to remain in for twenty or thirty minutes, and this treatment must not be interrupted for six or eight weeks.

Next to this in efficacy is local cauterization. Dr. U. does not use the pure nitrate, but cocoa butter containing one-twentieth part of nitrate of silver, six grains of which mixture he introduces by means of Dittel's positor. When the parts are too irritable for this, he employs—

R.	Morphiæ muriat.,	gr.iss
	Acidi tannici,	gr.vii
	Butyri cocoæ,	gr.xxx. M.

Divide into six parts.

For internal treatment he has found nothing better than full doses of ergot.

Nitrite of Amyl.

The *Journal of Mental Science* says that Dr. Otto has tried nitrite of amyl in nine cases of epilepsy, but without success. He used it in one case of religious melancholy. The patient inhaled five drops every two hours, and in eight days was very much improved, and she is now almost recovered. Dr. Höstermann, in Vienna, used the amyl in eight cases of melancholia; in four of these there was permanent improvement. In three there was a temporary improvement, and in one case the patient got worse.

Dr. Adolf Schramm has made some researches upon nitrite of amyl upon melancholia, and in some cases found an improvement, especially where anæmia of the brain appeared to be present, though amelioration was also noticed where lesion and congestion of the head were believed to exist. If amelioration does not at once appear the remedy need not be persevered in. At best, it is only palliative, and even as such it was found inferior to opium.

On Phosphorus as a Remedial Agent.

A volunteer paper on this subject was presented to the American Pharmaceutical Association by Dr. E. R. Squibb, Jr. It was opened with very full accounts of its reputed therapeutic properties, as stated by various authors of Europe as well as of this country. Both sides of the question were fully drawn from, and the comments of the writer were mainly as to the character of the formula for its administration. He does not advocate, but rather rejects the idea of giving it in the form of pills or in volatile liquids, and maintains that a fixed solvent, such as some of the oils, is the most appropriate. His own preference was for cod-liver oil as a vehicle, and his careful experiments are detailed, giving full particulars of the mode of treatment by which it is freed from air during the process. The preparation does not keep well in quantity, nor should it be kept

long. The process can only be explained by too much detail for these columns at present. The solution exhibited was stated to contain one per cent. of phosphorus. Pills may be made from this oil, and some were exhibited, and their formula was described. In these pills there can be no possible separation of phosphorus in solid form.

The Examination of Cacao Butter.

Mr. G. Ramsperger, of New York, states that he prepared cacao butter by expression, by ether and by bisulphide of carbon, as a standard and for the application of tests. The specific gravity of the three samples, though made from the same cacao butter, was not uniform; therefore the specific gravity cannot be considered a test.

Pure cacao butter is soluble quickly in two parts of ether at the ordinary temperature, forming at first a clear solution, but after a while it sometimes separates into two layers. Ether was found to be the best test of pure cacao butter, as neither small portions of tallow, wax, nor paraffine, if in combination, give a clear solution in two parts of ether. Ox marrow is not thus affected, but gives the clear solution as does cacao butter. Of twelve commercial samples tested, nine were pure; the other three were not much adulterated.

On Cotton-root Bark.

In a report on this article by Mr. J. M. Lloyd, of Cincinnati, he details many very careful experiments in the manufacture of fluid extract of cotton-root bark, both dry and fresh. He gives preference to an alcoholic menstruum, but obtained satisfactory results in making an extract which, in his experience, *never gelatinized* when the menstruum used was alcohol ten parts (fluid) to glycerine six parts (fluid). Numerous trials by physicians indicate plainly the unreliability of any preparations made from the dried cotton bark. On the other hand, when the fresh bark was used, and a fluid extract made from this was tried carefully by a large number of physicians, the almost universal report was favorable, the action being to facilitate parturition; and in other cases, where it was sought to re-establish suppressed menstruation, it scarcely ever failed. His conclusions, therefore, point clearly to the use of the fresh bark only.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT OF CONSUMPTION.

Letters by an Invalid Physician.

I.—LEAVING HOME.

Ed. Med. and Surg. Reporter:—

By talking with invalids from lung affections in various parts of the world for the past two years, I have been struck by the similarity of the story the majority of them tell. As my case shall serve as the text of these papers, I will briefly tell it.

There had been a greater or less degree of languor and lassitude from May until July, when a slight attack of laryngitis made its appearance. I grew thinner daily, but laughed at the idea of my friends that something serious was the matter, thinking I was only a "little run down," and that two weeks' rest anywhere away from home and profession would bring speedy convalescence. A week in July at the high, dry country seat of a friend did bring some increased strength and appetite; but the succeeding week at Cape May witnessed a severe attack of bronchitis. Recovering partially from this, two weeks were spent at Saratoga and Lake George, with the effect of again bringing me home with a bronchial attack, and the last straw was finally attained by taking my baby to Atlantic City for its health. I had hardly come within smell of the salt marshes at this place, when my bronchial trouble was brought back with redoubled intensity.

Reaching home (Philadelphia) almost exhausted, and sweating profusely at night, it occurred to me for the first time that something serious might possibly be at the base of these frequent attacks, and I consulted Professor Da Costa. The result of his examination convinced him that the case was of so serious a nature that subterfuge was dangerous, and that whatever was to be done to save life must be done promptly and fearlessly. With a gentleness and candor that afterward doubly endeared him to my love and esteem, though the revelation was almost deadening at the time, he informed me that deposit had already made its appearance in both lungs, and that he knew of but one chance for my salvation, and that was immediate suspension of everything like work and change of climate.

I had a charming home. A little baby not yet three months old cooed in the nursery; there were troops of friends, and more than the average of professional success that falls to a young doctor after eight years of practice. Not only were all these to be left (my physician placed Egypt or Algeria above all other climates for my condition, and my wife's physician gave it as his judgment that it would be safer to leave baby at home), but the despondency caused by the thought that I was parting with them forever so prostrated me that, for a time, it

seemed as though I would not live even to make the effort to get away.

So the beginning of October, 1874, found me. And now appeared one of the first stumbling blocks placed in the way of one, especially a physician, ordered away for so grave a complaint. Of the many different medical friends who came to say good-bye and add hearty wishes for recovery, scarcely two united on the same place as the one best suited for me to go. Minnesota, Colorado, Indian Territory, California, Texas, Asheville, N. C., Aiken, S. C., the pine woods of Georgia, and Florida were recommended in this country. Abroad, Cuba, Isle of Pines, the Bahamas, the Bermudas, Santa Cruz, Madeira, the South of England, the Riviera (the strip of coast between the Mediterranean and the Maritime Alps, extending from Hyeres to Pisa), Italy, Sicily, Malaga in Spain, Algeria and Egypt were variously extolled, in many cases by those who had visited one or more of them. I was equally advised to "rough it," and to "take it perfectly easy;" to live on the sea or to live on the land; to stay altogether in one place, or to travel around.

As these various places and suggestions were given by those whose only object was to benefit me, they were received with no thought but gratitude at the time, but often since, either in visiting the places or practicing the advice, it has occurred to me what "mixed" notions prevail, even among the most intelligent physicians, concerning climate and the conduct of a patient after his recommended haven is reached.

In my travels I have seen consumptive men walk, horseback-ride, or drink themselves deliberately to death, each thinking he was strictly carrying out the orders of his physician.

Leaving home should be done without any excitement. It is wearing on well men to bid good-bye to a large circle of friends, and it absolutely aggravates the symptoms of sick ones. Preparations for departure should be made as quietly as possible, and the departure itself should be made as though secrecy were an essential part of the treatment. Reference is here more strictly made to those seriously ill. I saw a sick man on a Cunard steamer absolutely sinking under the good-byes, God-bless yous, and tears showered upon him by a multitude of friends; and among such a number it is an almost certainty that one or more of the over-zealous will put in an "if you never come back," or suggest paradise or purgatory as possible ports of entry.

The best attendant on a sick man is wife, mother or sister, in the order mentioned. A woman, in the absence of husband, should always have a woman attendant.

The most melancholy cases of sickness I have seen in my travels were those who had been sent abroad alone. Lonely and despondent, they languished in all the health resorts, the object always of a kindly sympathy, but no less showing that want of care that love and companionship alone can furnish.

A man-servant is a better attendant for a man than a male friend, even though the latter be a brother. The one is always on hand; the other will say, "Well, old fellow, you're getting along all right, I'll go out for a few minutes," and a disappearance for a half-day, or from supper to bedtime, marks the measure of his allegiance. It is so because it is human nature. A woman is happier with the object of her care, and if she leaves it for an hour, returns in a half, and then blames herself for the length of time away.

A knowledge of both the quantity and kind of baggage necessary for an invalid should be possessed by every physician sending patients away from home. I remember, on stepping into a tailor's at Paris, making the remark that I wished material suitable for the climate of Egypt. A traveled gentleman, who stood by, informed me that in winter I would need the same clothing in Cairo as in Paris. This was a surprise to me, as I imagined that even in the south of Europe, much less anywhere in Africa, thick clothing of any kind would prove nothing more than an incumbrance. I had reason many times afterward, in Algeria, to be thankful that I had brought along a good thick overcoat. And this opinion as to clothing I found general among those visiting a warm climate for the first time in winter. There is not a health resort on the face of the earth where a good, substantial set of merino or flannel underclothing, and a good suit of stout tweed, is not acceptable in winter. I believe Americans contract many serious diseases of the lungs by the fashion the majority of them have of wearing gauze underclothing in summer. It offers no protection to the body in draughts, or during the evaporation that occurs after sweating, and it is questionable whether it is any cooler than light flannel underwear.

A loose, roomy sack or Ulster overcoat, a thick set of clothing, the coat after the pattern of a navy pea-jacket, suitable for the sea or night travel by land, and a traveling suit of Scotch tweed, suitable for riding or walking, are alike sufficient and indispensable for the invalid. Two sets of thick flannel or merino underwear, two sets of medium thickness, a half dozen pair of woolen socks, a pair of thick-soled laced or buttoned gaiters, a pair of slippers, a woolen wrapper, a half dozen muslin shirts with wristbands and collars, handkerchiefs and a hat of soft material, complete the outfit. A woman's wardrobe can duplicate with dresses and appropriate underwear the above. English people generally carry a rug, which can be thrown over the lap while traveling, or used as a cover to throw over one while napping it by day in the house.

A small medicine chest of leather is a most valuable traveling companion. It saves night visits to drug store and doctor, and comforts by its presence. I have one ten inches long, five wide and four and a half deep, that contains every essential for ordinary sickness. Prepared mustard leaves, quinine, tincture of iodine and

paregoric are the articles in most frequent use. A teaspoonful of the latter is invaluable in the chilliness that ofttimes seizes consumptive patients while traveling. All the articles I have named above, leaving out the rug, overcoat and the suit the patient wears, can be easily packed in a medium-sized leather trunk (the best of all trunks), and leave abundant room for toilet articles and some books.

One trunk and a small parcel for the hand is ample for one person. More means extra fatigue, expense, lumbering up your room at your destination, and taking articles around that are really not wanted. One medium-sized trunk can always be carried in the state-room of a steamer, or on the cab or stage running from boat or cars to the hotel. It arrives with you, its contents are at hand, and there is no anxiety arising from its delayed transit.

These pages may seem trivial, but they are written with an earnestness that I hope may be equaled in their reading. They are part of the unwritten information possessed by many of the medical profession, but learned by many an invalid only after sometimes bitter experience. It is one thing to diagnose, another to treat, and essentially a third to know when, where, and how to send a consumptive away from his home for the benefit of his health. When I say a consumptive, I mean one suffering with wasting of the body, the result of organic disease of the lung structure and its prolongations; it matters not whether it is an exhausting bronchial catarrh, a cheesy pneumonia, hemorrhage, or true tubercular deposit. Any or all of these lead down to death, if not arrested. There is no doubt that change and climate, and out-door life, not only often arrest, but cure the worst of these conditions. My own life has been prolonged by favorable climatic surroundings, and my experience, and those with whom I have associated, similarly affected, will form the subject of subsequent papers.

Saranac Lake, Adirondack Mountains, November 5th, 1876.

The Sulpho-Carbolate of Sodium in Diphtheria.

Ed. Med. and Surg. Reporter:—

During the prevailing epidemic of diphtheria in our city, I have had an opportunity to note the beneficial results of the use of the sulpho-carbolate of sodium in the treatment of that disease.

In fourteen cases which have been treated by me I have given it with satisfactory effect in every case.

I commence the use of the remedy as soon as the disease is recognized. I give from three to ten grains every one, two, or three hours, according to the condition of the patient. I combine it in some cases with tinct. ferri mur., or sulph. quiniæ. It may be given in any aromatic water or syrup, but I prefer the syr. aurantii cort. In several cases where it was used it seemed to exert almost a specific effect. Topical applications were also used, of which I prefer the argenti nitras, applied either in a strong solution, by means of a probang, or the solid stick applied direct to the parts.

The following is a typical case, illustrating my course of treatment:—

S. G. T., aged five years, was first seen by me on Monday, November 13th. His condition then was as follows:—Pulse 140; temperature 104°; skin dry; tongue coated with heavy white fur in the centre, with a bright red edge; deglutition was performed with difficulty; the fauces were swollen, with diphtheritic patches on both tonsils.

I ordered,

℞. Sulph. carb. sodii, ℥ij
Quiniæ sulph., ℥j
Acid. sulph. aromat., ℥j
Syr. aurantii cort., ad. ℥iv. M.

A teaspoonful to be given every three hours.

The throat to be showered, by means of a syringe, once an hour with a mixture of chlor. potass., mur. tinct ferri and water.

On Tuesday his pulse was 120. Morning temperature, 102°; evening temperature, $102\frac{5}{10}$°. Applied solution of nitras argenti, by means of probang, to the throat. On Wednesday, P. M., there was no appearance of any diphtheritic patches. The pulse had come down to 88, and the temperature to $99\frac{5}{10}$°.

On Thursday my patient was up, and able to eat dinner with the family.

The above case yielded more rapidly than any other which I noted, but it serves to exemplify my method of treatment. I consider the sulpho carbolate of sodium an invaluable remedy in the treatment of this disease, and if other physicians, who may try it, meet with the success that I have in its use, they will undoubtedly feel gratified with the result.

I have not found much effect from its use as a topical application. It proves to be a stable salt, parting with its acid only when chemically acted upon by the fluids of the body.

Providence, R. I. W. E. Anthony, M. D.

Traumatic Tetanus.

Ed. Med. and Surg. Reporter:—

On the 31st of last July, Mr. M., aged 37, farmer, came into my office, and gave the following history of an injury of his right little finger. Some eight days before, it was fractured midway between the first and second joints. Soft parts broken out on dorsal surface. Was dressed by his family physician, and for the first three days was very painful, and after that not in the least so.

The dressings were not all removed until the 30th instant, when the vitality was found to be entirely destroyed up to the metacarpo-phalangeal articulation. He was chloroformed and the finger removed above the head of the metacarpal bone. The wound did nicely, and he was out more or less of the time, looking after his business interests. On the 12th of August he came in, twelve miles, to attend market, and before he left town he came in and said to me

that he had pain in his stomach, with slight diarrhœa, and incidentally remarked that he felt sore and stiff all over, and thought that he had taken cold, as the day was wet. I gave him treatment and cautioned him against any further exposure, and requested him to let me know if his present symptoms did not speedily disappear.

I heard nothing from him until the 16th inst., when I received a message to visit him. Found fingers of right hand strongly contracted, and the hand rigidly flexed upon the arm, the lower jaw perfectly fixed, and, in fact, the entire muscular system was in a state of rigid contraction; and when he attempted to move he would have a sharp pain shooting from the wounded finger into the back, and from thence into the stomach, with a quick, spasmodic movement of the head backward and sideways. "Facies tetanica" strongly marked; temperature but slightly augmented; bowels well opened; kidneys acting fairly; skin dry and dark, with imperfect capillary circulation; tongue red but not coated; nights restless and wakeful. Gave him two grains of quinine and one grain of opium, and from five to eight grains of chloral hydrate alternately every ninety minutes, with all the rich milk and whisky he could drink without offending the stomach, mixed in the proportion of one to three parts. Enjoined quietness, and visited him again on the 18th. He had passed the time with less pain; had enjoyed more sleep; there was some improvement in the capillary circulation; had not had any hard spasms; had taken about four ounces of the mixture of milk and whisky every two hours; his muscles were quite as rigid as at my first visit. Added one-half grain of opium to the powders, and increased the doses of chloral to twelve grains, given as before. Saw him again on the 21st; has had more sleep; skin has been warm and moist most of the time; has taken the milk and whisky with some relish; thinks the muscles of the neck and jaw are not quite so rigid; bowels have been freely opened. Treatment continued, with slight increase of opium and chloral.

I visited him again on the 24th and 27th, and suffice it to say, that from this on he continued to improve, without any change in the treatment. From the 27th the remedies were given in gradually decreasing doses for the next week.

I have seen quite a number of these cases in the army, and, whether from grave or trifling wounds, they invariably proved fatal, and the recovery of one is a matter of general interest to the profession. I do not claim any originality in the treatment; all of these remedies have been used before; the combination may or may not have been the best. It is of primary importance that the remedies be given in such quantities and in such time as to secure the best results, and to this end there should always be a person in charge who can comprehend the case—the object aimed at is the treatment—and who can use discretion in timing the remedies, as well as tact and persistence in giving the medicine and nourishment.

Erie City, Pa. WILLIAM FAULKNER, M. D.

Placenta Centralis, Complicated with Convulsions.

ED. MED. AND SURG. REPORTER:—

On the morning of July 8th, 1876, a violent pull at the bell summoned me to the door, to find the husband of a patient of mine, who stated that his wife was flooding to death, and was having, as he expressed it, fits. I made all haste to the scene of action, and found Mrs. W. with a pallid face, very feeble pulse, hardly perceptible at the wrist, with great loss of blood from the uterus, and with a convulsion upon her when I entered the room. On examination per vaginam, I found a case of placenta centralis, with a doughy feel, the os dilated to the size of a silver half-dollar. The bright rays of a July sun beaming upon the roof and windows of a two-story house, run the thermometer up to 98° in the room. My patient was tossing herself about the bed, with great thirst, and a rapid, feeble pulse, 130 beats to the minute, with great oppression in breathing, which was accompanied by prolonged moans. Temperature under the tongue 98½°.

As there was no time to lose, and every moment of delay jeopardized the life of the patient, I made up my mind to deliver the patient at once. Drawing her to the edge of the bed, I placed her on her back, with her knees supported by two assistants. With my left hand I made pressure upon the abdomen, forcing the uterus as low down into the vagina as possible, and making firm pressure to hold it in its position with my right hand. Forming a cone, I gently forced my fingers, and then my hand, into the uterus, tore through the placenta, and by turning the hand about in the uterus, succeeded in less than an hour in applying the forceps, and by gentle traction delivered the child alive, the placenta coming away with the child.

While dilating the os, I placed the nurse at the head of my patient, armed with half an ounce of nitrite of amyl, and directed her to watch the patient closely, and when she saw any symptom of convulsions to let her breathe six or eight drops of the amyl nitrite, dropped upon her handkerchief, or to inhale the nitrite from the bottle. By this means my patient was kept quiet and free from convulsions while dilating. After the child was delivered, by the use of stimulants and beef tea she reacted, and in a short time the rapid and feeble pulse was beating quietly. Having given her two teaspoonfuls of fluid extract of ergot before the delivery of the child, this caused the uterus to contract firmly, and from this time she recovered without a bad symptom.

This patient is the mother of five children, and from what I could learn of the history of the case, she had had no flooding up to this attack, and said that she had never before, with her previous pregnancies, felt so well as she did with

this child. On the morning when she was takenly suddenly with flooding, she was making up a fire to cook breakfast, and brought up a bucket of coal from the cellar; as the night had been excessively hot, she had not slept, and felt fatigued, from the want of sleep. When she reached the top of the cellar stairs she was suddenly seized with a gush of blood; so great was the flow, she fainted, and was immediately taken with convulsions, and had to be carried up stairs to her bed. I was sent for immediately, and found her in a convulsion when I entered the room.

Upon consulting Leishman, Meigs, Hodge, Cazeaux, Byford, Bedford, Longshore, Simpson, Churchill and others, placenta prævia complicated with convulsions is not mentioned, and the treatment I adopted in this case, in the delivery of the child in less than an hour, certainly saved the lives of both the mother and child, and shows the effect of the nitrite of amyl in the almost instantaneous checking of the convulsions.

Philadelphia. RUFUS K. HINTON, M. D.

Arrest of Mothers with Children at the Breast.

ED. MED. AND SURG. REPORTER:—

An interesting discussion of the above thesis appears in Leipzig, a short review of which will place before you its more important points. The writing is in the form of a memorial, and bears with medico-legal force upon those cases in which it is a question of the arrest of mothers with children at the breast. It was obtained by special decision, in a case of this kind, that the *enforcement* of punishment against the mother should be delayed until, according to *medical* opinion, the weaning from the mother's breast could take place without damage to the child. The mother in question attempted to abuse so long the leniency allowed, that she wished to nurse the child for two years; this naturally is not allowed by legislation. Dr. Fürst, of Gräfenberg, reasons upon the following basis: Weaning is either necessary, naturally, as soon as the secretion of milk becomes sparse, or according to will, artificially, when the secretion lasts for years. If the child is not capriciously restrained from the breast, the consequences for the child are measured according to the following three periods of lactation:—

First period. From birth to the eighth month. The mother's milk is of such consistency, and present in such quantity, that it constitutes the only nourishment of the child. The child should not be weaned unless in case of illness of the mother. Under no circumstances can the weaning take place suddenly.

Second period. To the end of the child's first year of life. The mother's milk is thinner, not so rich; it still constitutes an essential element of the child's nourishment, and protects the latter, in sickness, from death. The child should not be weaned; at least, sudden weaning here also is followed by fatal vomiting and diarrhœa, or by atrophy.

Third period. Into the child's third year of life. The milk, although still tolerably rich in quantity, is so thin that it nourishes the child weakly; it is there, however, when demanded, and is taken gratefully; it plays only a subordinate part in the nourishment of the child. Sudden weaning here is followed by no harm to the child. In general, harm very readily befalls a child when it is weaned in the first year of life. Most harmful is sudden weaning, and, indeed, not only for the child, but also for the mother. The consequences for the latter can always be prevented, if a period of from two to three weeks be allowed her for weaning.

From the above may be drawn the following medico-legal conclusions: A mother with child at breast in the first year, is, according to rule, always permitted a delay of enforcement of punishment until the end of the twelfth month, in the interest of the child; after the first year, on the contrary, a delay of the enforcement of punishment (imprisonment) of only from two to three weeks, in the interest of herself; but to use this period at once for weaning. In criminal cases the term for weaning is to be passed in a sick ward (lying-in hospital).

G. HALSTED BOYLAND, M. D.

Goranstown, Md.

NEWS AND MISCELLANY.

Corrigenda.

The chemical formula at the close of Prof. Maisch's communication, in the issue of the 11th inst., should be $C_{10}\ H_{10}\ Cl_6O$, not H_{16}, as printed.

The Wisconsin State Board of Health

Forwards us copies of the circulars it is distributing in the State. They are exceedingly well calculated to awaken interest in the medical profession, and attain the objects for which the Board was created. At its last meeting, in Madison, Dr. E. L. Griffin, of Fond du Lac, was elected President of the Board; and Dr. J. T. Reeve, of Appleton, its Secretary.

The following list of subjects was adopted, and work on each assigned by the President to the several members:—

1. Endemic, epidemic and contagious diseases.
2. Hygiene of schools, prisons and public buildings.
3. Sewerage and drainage.
4. Foods, drinks and water supply.
5. Disposal of excreta and decomposing organic matter.
6. Poisons and special sources of danger to health and life.
7. Influence of localities, employments and habits of the people on health.
8. Illuminating oils and explosives.
9. Ozone, and its relations to health and disease.

10. Ante-natal murder.
11. Mental hygiene.
12. Medical topography of Wisconsin.
13. Influence on health of forest trees and their removal; shade trees near dwellings, etc.
14. Construction and ventilation of public buildings and private houses.

Union of Forces Against Intemperance.

It is a good sign that clergymen and physicians are uniting against intemperance. One session of the Episcopal Church Congress at Boston was devoted to the discussion of "The Prevention and Cure of Drunkenness," in which J. E. Tyler, M. D., of Somerville; H. A. Hartt, M. D., and Rev. H. H. Newton, both of New York; G. C. Shattuck, M. D., of Boston, and Rev. W. P. Huntington, of Worcester, participated. Dr. Tyler commended enforced abstinence as the principal method of any value. Dr. Hartt thought the punishment of drunkenness, by making it a crime, would prove more effectual. Mr. Newton opposed the ordinary plan of temperance organizations, and suggested the formation of church societies similar to those in the English Church.

So in England. On October 30th, a Medical Conference, in connection with the Church of England Temperance Society, was held at Oxford; Dr. Acland, President of the Medical Council, in the chair. Addresses were delivered by Dr. Richardson, F. R. S., Professor Rolleston, and others. Dr. Richardson stated, as the conclusion he had come to after lengthened experiments, that alcohol was entirely useless from a medical point of view, and favored prohibition.

Sham Doctors.

In various parts of England the police have been employed to arrest certain persons practicing as doctors of medicine, chiefly in cities and large towns. The law which prohibits unqualified persons from acting professionally is very rigid and plain, and it is surprising that it has not been enforced earlier. In Manchester, convictions have taken place in a wholesale manner, batches of five and ten having been fined from $10 to $75 each. Imprisonment with hard labor is the penalty for a repetition of the offence. Most of the persons proceeded against had not even the pretence of being authorized to practice. A few, who had never crossed the Atlantic, possessed (by purchase) diplomas from the pretended "American University of Philadelphia and Eclectic College of Pennsylvania," 514 Pine street, Philadelphia, of which Dr. Buchanan was the head. The magistrates laughed these fictitious diplomas to scorn, and doubled the fines on their respective holders.

—A scare of variola prevails near Paulsboro, N. J.

Defective Eyesight in Children.

An examination of the sight of the school children in Portland, Me., by Dr. Spaulding, proved that twenty per cent. were of defective vision. Many of these were very slightly affected, yet ten per cent. were short-sighted enough to need glasses. Dr. Spaulding's deductions are that the defective lighting of school rooms is one cause of the trouble, and that the habit of holding books too close to the eyes is another. He advises children not to study with their faces toward a bright light, to rest the eyes frequently, and, when it is necessary to use glasses, not to choose stronger ones than are needed. He adds: "They should be taught that the light should always come from the side, or even over the shoulder; that the book should be held up, if possible, and never in the lap; that they should always have a shade over a lamp standing on a table at a level with their eyes, and especially if they have to face the light, as in writing; and that all bending positions, and reading in the twilight, or with the sunlight pouring over the book, are very harmful to the eyes."

Personal.

—Dr. Laurence Turnbull has removed from 1208 Spruce, to 1502 Walnut street.

—The friends of Dr. William Wellborn, who is somewhere in the State of Arkansas, are very anxious to obtain his address, for the purpose of rendering him assistance. Address Dr. W. B. Tackett, Cuthbert, Ga.

—Dr. John Dove, a native of Richmond, Va., died Nov. 16, aged eighty-four years. He was a Mason sixty-three years, during which time he held high positions in that order. He was the oldest Grand Secretary in the world, holding the office over fifty years.

—Dr. Irick, some years ago a prominent physician of Newark, known throughout the city because of his eccentric habits of living, died lately at his home on William street. He leaves a large estate, which will go to friends in Bavaria. He leaves no living heirs.

Items.

—The dietary of an English convict comprises, on alternate days, one pint of soup, properly seasoned, thickened with barley, rice, carrots and onions, four and a half ounces of cooked meat, free from bone—more meat than there is in an ordinary mutton chop—a pound of potatoes, and ten ounces of suet pudding. The rest of the *menu* is made up of gruel, tea, or cocoa hibs, and a liberal ration of bread every day.

—There were two yellow fever interments in Savannah on Nov. 15th. The Medical Society declares the epidemic at an end, and notifies absentees that they may return to Savannah.

—Alcoholism is on the increase in Switzerland as everywhere else. It makes very great ravages, and has carried off numerous victims in certain districts. This is inferred from the fact that the number of deaths from delirium tremens is limited in many towns and cantons to one or two per 1000 deaths, while in others it rises to five or six, and in some localities even to 35 per 1000.

—Diphtheria is prevalent and malignant near Shenandoah, Pa.

QUERIES AND REPLIES.

Ozone.

MR. EDITOR:—In my studies on sanitation, I am at a loss what to do with ozone. Is it, as Professor Thenard says, an energetic poison, very injurious to organic life, or is its presence, as others teach, necessary to a pure, healthful breathing air?

LAELIUS.

[The question is too hard; we pass it to our readers.]

MR. EDITOR:—In treating nasal catarrh with carbolic acid inhalations, what proportions do you consider most efficient? CATARRH.

Reply.—We give you two formulæ to choose from, the first from the Chest Hospital, the second from the Throat Hospital, London, both taken from Squire's *Pharmacopœia of the London Hospitals.*

1. R. Acidi carbolici crystallizati, gr. xxx
   Aquæ bullientis, f.oz. xx. M.

2. R. Acidi carbolici crystallizati, drachm vii
   Aquæ, f. drachm j. M.

A teaspoonful in a pint of water at 150° Fah. for each inhalation. For the general treatment of catarrh, see Dobell, on *Coughs, Consumption, and Diet in Disease.*

OBITUARY.

JOHN McNEIL, M. D.

This most estimable citizen of Westmoreland county, Pa., died at Greensburg, on Friday evening, November 3d, at the age of sixty-two years. He was in active practice up to the day of his death, which was caused by an attack of apoplexy, he living less than two hours after the first symptoms of the attack. He left his home on the day of his death, to transact some business at Greensburg, never to return alive. He was one of the oldest graduates of Jefferson Medical College, and for more than thirty-five years practiced his profession in the village of Delmont, Westmoreland county, where he had a large and lucrative practice, and enjoyed the confidence and respect of the entire community. Being a close reader, a careful observer, and a man of excellent judgment, he was held in high esteem by his brother physicians, and by them often called into consultation. He was strictly honest in all his dealings, both in professional and social matters. For many years he was a member of the County and State Medical Societies, and took a deep interest in all that pertained to his profession. A member of the Presbyterian Church, he lived a consistent life, and died, as he lived, a Christian.

In his death the sick have lost a friend, and the community at large a most honorable and estimable citizen; and of him it may truly be said, he lived not in vain. D. A. H.

MARRIAGES.

BIDDLE—RODGERS.—On Wednesday, Nov. 8th, at Trinity Chapel, by the Rev. Wm. H. Benjamin, assisted by the Rev. S. H. Weston, D. D., George Biddle, of Philadelphia, and Mary Hosack, daughter of the late John Kearney Rodgers, M. D.

GUERNSEY—THOMAS.—At the First Presbyterian Church, Catasauqua, Pa., Thursday, Nov. 16th, 1876, by the Rev. C. Earle, Dr. Joseph C. Guernsey, of Philadelphia, and Gertrude Thomas, of Catasauqua.

HARTT—WIDDEMER.—In this city, Nov. 14th, 1876, by Rev. E. Soliday Widdemer, his daughter Irene and Henry Le Baron Hartt, M. D., all of New York.

JOHNSON—PLEASANTS.—On October 26th, 1876, at Radnor, Delaware county, Pa., by Rev. Henry Brown, Barclay Johnson and Sallie, daughter of Dr. Henry Pleasants, all of Radnor.

KERRIGAN—O'NEILL.—On Friday, Nov. 17th, by Rev. Father Dealy, Joseph A. Kerrigan, M. D., and Julia B. O'Neill, daughter of Daniel Berrien, Esq., of this city.

LEACH—CROSSFIELD.—In Keene, October 25th, by Rev. Dr. G. W. Brown, Dr. J. Holmes Leach and Emily Marion Crossfield, both of Keene.

ORRIS—MILLIGAN.—On the 8th instant, by the Rev. J. Linn Milligan, assisted by the Rev. S. S. Orris, and the Rev. W. H. Logan, H. O. Orris, M. D., and Annie E. Milligan, both of Newport, Perry county, Pa.

ROSEBERRY—LUDWIG.—On the 30th ultimo, by Rev. Charles F. Schaeffer, D. D., of this city, Dr. Charles J. Roseberry and Miss Sophia B. Ludwig, both of Easton, Pa.

DEATHS.

BEADLE.—At Poughkeepsie, N. Y., on Tuesday, the 14th instant, Adeline, daughter of the late James Bogert, Jr., of New York city, and wife of Edward L. Beadle, M. D.

BROWER.—In Spring City, Ohio, Nov. 10th, 1876, Ida, daughter of Dr. W. and Sallie M. Brower, aged 1 year, 4 months and 1 day.

FORRESTER.—In New York city, on Tuesday morning Nov. 14th, 1876, Anna V., eldest daughter of the late John Sutphen and wife of James C. Forrester, M. D., in the 62d year of her age.

HAWLEY.—On Friday, 3d inst., in Jefferson, Ohio, Almon Hawley, M. D., in the 75th year of his age.

LLOYD.—At Orange, N. Y., on Tuesday, the 7th inst., Dr. J. Wiegand Lloyd.

MOORE.—In Rochester, N. Y., Oct. 24th, of diphtheria, Abby Joy, second daughter of Dr. E. M. and Lucy Prescott Moore.

NEEDHAM.—Ellen A., wife of Dr. O. H. Needham, in New York city, Nov. 13th, 1876.

SEILER.—At Harrisburg, Pa., on Saturday, November 21st, Dr. Robert H. Seiler.

Dr. Seiler has been a prominent member of the medical profession of Dauphin county for many years, and at one time President of the County Medical Society. His loss will be widely felt, and universally regretted.

WILLIAMS.—On Sunday morning, Nov. 5th, in Orange, Los Angelos county, Cal., Dr. D. Boone Williams, of this city.

THE

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Original Department.

Communications.

CASES CALLED HYSTERICAL.

BY FRANK WOODBURY, M. D.

Read before the Philadelphia County Medical Society, at its meeting October 11th, 1876.

Gentlemen:—To any one familiar with current medical literature, who has noticed the frequent reports of cases called hysterical, it must be sufficiently evident that the word Hysteria is now used in more senses than one, and with uncertain signification. Among writers, some are found who carefully give the exact pathological condition of the uterus in each case of supposed hysteria; the conscience of others is satisfied if the patient possess a uterus, without a thought as to its condition; while there is a third, and apparently increasing class, who use the term hysteria with the greatest freedom, applying it to cases where the uterus is absent, and connecting it with disorders of individual organs where there is no distinction of sex. Cases have thus come to be called hysterical which have no points whatever in common, not even agreeing in the simple fact of possessing a uterus.

It shall be the proposed province of this article, however, not to take up the entire subject of hysteria for systematic discussion, but to consider, as briefly as possible, some of the leading clinical phenomena presented by cases called hysterical, and to attempt to discover in the tangled skein of evidence, here and there, a thread, which hereafter may serve as a clue to the elucidation of this obscure subject.

Nothing need here be said of the importance of the topic, further than to recall the fact that hysteria has been the odium medicinæ from a pre-historic period, and that its pathology is still unsettled, although cases are of sufficiently frequent occurrence to make such a consummation eminently desirable. Since Sydenham has declared that hysteria constitutes one-half of the chronic diseases of women, and in the opinion of Briquet it affects one-fourth part of the entire female sex, it may be not undesirable to stop for a moment to inquire what is meant by hysteria. The derivation of the word, from *hystera*, the womb, indicates that originally it was applied to designate a general disorder whose pathological cause resided in the uterus; subsequently, it came into use in a less restricted sense, in connection with certain general symptoms, without intending special reference to their causation. In this acceptation it is now generally employed to indicate a neurosis of undefined pathological relations, but presenting most diverse and striking symptoms.

The confusion into which the pathology of hysteria has fallen is explained by the simple fact that the term has been applied to a group of symptoms which may occur in different diseases, and may complicate many morbid states. This accounts for the apparently irreconcilable views held by different authors. Briquet, Charcot, and others, believe that hysterical symptoms are purely nervous, and are not in any way dependent upon the uterus; but, on the other hand, the fact that the Galeno-Hippocratic view (which considers the disease as essentially uterine), has still advocates, is evident from the published reports of cases.

That *all* cases called hysterical, however, cannot be uterine in their pathology, is evident from the following considerations:—

First, hysteria is often declared to be present when no direct evidence is given of uterine disease.

Secondly, the term hysteria is applied without discrimination to cases where the uterus is entirely absent, both in the male sex and in the female (*defectio uteri*).

Thirdly, serious organic disease of the uterus is rarely complicated by symptoms called hysterical.

Therefore, since hysteria may be present where the uterus is healthy, or entirely absent, and uterine disease may exist without hysteria, no constant relation of cause and effect can be claimed to exist between the uterus and symptoms called hysterical, even where they mutually complicate each other; for if they may exist independently of each other, they may coexist independently of each other. From which it is clearly demonstrable that phenomena have been called hysterical which, properly speaking, were *not* hysterical in their origin.

At the same time, it is freely conceded that uterine disorder may produce general ill-health and find expression in varied symptoms, as witness the following extract from a recent article by Percy Boulton, on "Metro-cerebral Disease:"*—

"It is scarcely understood by the bulk of general practitioners, that in a reflex way this organ (the uterus) may be a source of many diseases, and that the irritation of ovulation is a frequent cause of epilepsy and insanity. The sickness of pregnancy is an acknowledged fact, but madness, except when puerperal, is rarely thought to be of uterine origin.

"In turning over a few pages of my notebook, I am reminded of patients, many of whom had their symptoms treated often and long by the family doctor without any result, because the real cause was not recognized. Without attempting a complete list of such cases, I will name a few of the reflex disorders I have met with:—

"Cerebral: Periodic headaches, neuralgia, depression of spirits, hysteria, epilepsy, melancholy, etc.

"Pulmonic: Phthisis.

"Cardiac: Irritation.

"Gastric: Dyspepsia, sickness, flatulence.

"Intestinal: Constipation, diarrhœa.

"Vesical: Enuresis, irritation.

"To say nothing of the diseases of the uterus and ovaries."

Truly a serious charge to bring against the uterus, and certainly enough burden for it to bear, without, in addition, saddling it with all the vagaries of so-called hysteria. Symptoms such as these might, however, and with some show of propriety, be called hysterical, as they are produced by uterine disease; but the point that it is desired to emphasize is this: the term hysteria is incorrectly used in a vastly more comprehensive range of application, to describe symptoms that belong to widely different disorders. The incongruity of this indiscriminate application of the word is strikingly manifest when we read of hysteria in the male, where it becomes absurdly inappropriate.

The inconsistency of this application of the word must have been even more evident to the original mind who was the first to use it in this connection than it appears to us, for continued use has now somewhat sanctioned the solecism; but though, at present, it is shorn of some of its strangeness, it certainly has lost nothing of its impropriety. The persistence of this word, in spite of such strong reasons for its discontinuance, must be due to the fact that it implies a peculiar shade of meaning, difficult to convey by any other expression. It has been a word without a synonym, convenient to apply to diseases whose nature was otherwise unknown. The question may here be pertinently asked, "Is it true that there is a peculiar systemic affection for which nosology affords no more expressive name than hysteria?" In searching the records for an answer, it may, perhaps, be ascertained that this word has been used in a vague and indefinite manner in the place of an exact diagnosis; in other words, hysteria has been given as a definite diagnosis in cases where no real diagnosis has been made. No better authority could be quoted to decide this question than the published reports of cases themselves, which, in this light, naturally separate into three groups:—

Class I.—Cases called hysterical, in which it was subsequently ascertained that there was an error of diagnosis.

Class II.—Cases called hysterical, where there is room for the suspicion that a clearer insight into the nature of the disease, with due recog-

*The *Obstetrical Journal*, for February, 1876, American ed.

nition of the pathological processes involved, would have led to definite diagnosis.

Class III.—Cases thus correctly diagnosed by competent observers, but which, judging from analogy, would have been called hysterical by others of less skill or experience.

Before entering into a discussion of the cases, it would, perhaps, be as well to anticipate a possible objection to this mode of considering the subject. It may be urged that hysteria is a functional disease, and not connected with any pathological lesion. Assuming this for the moment to be true, even then hysteria would not be the proper title of such an affection; for if it be independent of any organic disease, it cannot be caused by uterine disorder, and therefore cannot be hysterical. But this is not believed to be true. An organ in a strictly normal condition can neither be the seat of disorder itself, nor cause disease in any other organ, either by sympathy, irritation, or reflex action. What has been often called purely functional disorder, is, therefore, an expression of partial knowledge, and, like the doctrine of equivocal generation, instances will be the more rare in their occurrence, just in proportion with our advance in biological science.

By this, however, it is not meant to imply that every departure from a state of health is accompanied by organic lesion; the disorders of the circulating fluid have not as yet received sufficient consideration, and are believed to be a fruitful source of disorder of function. Disorders termed functional, therefore, may be due to blood disease, or to an unrecognized, perhaps temporary, pathological state of some organ.

To return to our subject, it will scarcely be necessary to quote a series of cases to demonstrate the absence of uniformity in the use and understanding of the term hysteria. In the early part of this paper this has been already alluded to, and, moreover, it would be superfluous to stop to prove what will not be denied. Without descending to detail, we will merely repeat what has been before said in this connection: There are, among medical writers, some who regard the uterus as the *fons et origo* of the symptoms called hysterical; there are others who consider hysteria as simply a prerogative of the female sex; and finally, there is a third group, who defy etymology and apply the term to certain phenomena, either in an organ or in an individual, without reference to sex.

Believing that it will be generally acknowledged that the word Hysteria is used in connection with different morbid states, we will pass to the consideration of cases in which it has been wrongly used.

Class I.—Cases called hysterical, in which it was subsequently ascertained that there was an error of diagnosis.

Although sufficiently numerous in practice, this class of cases rarely finds its way into the journals, unless there are other points of such importance in the case as to overcome the natural dislike of any one to publish his mistakes. It is said that the great difficulty in the differential diagnosis of hysteria, so called, resides in its powers of simulation and mimicry. Cases are referred to, in the books, where the attendant was deceived, thinking, at first, that he had to do with a frank expression of some familiar disease, but afterward discovered that it was "only hysteria." On the other hand, the many instances are not reported where obscure cases were pronounced hysterical merely because their real nature was not recognized. The experience of any physician, whose practice extends over a series of years, will doubtless furnish instances of spinal curvature, caries, brain tumor, or softening, and other grave visceral lesions, which, in their incipiency, were thought to be hysteria. Such cases are vastly more frequent in practice than in medical literature, for the reasons already indicated, but the following are cases in point:—

Dr. R. M. West* records a "case of sudden apoplectiform seizure, terminating fatally in thirty-six hours, on the sixth day of lying-in," in which the symptoms were at first attributed to hysteria, but in which the autopsy showed brain lesions.

In connection with this case, the words of Dr. Eugene Dupuy† have a peculiar appropriateness. Observation and experiment permit him to state that, "Very likely, hysterical phenomena are dependent upon the abnormal state of either lateral portion of the upper part of the pons varolii" (New York *Medical Record*).

Another case of mistaken diagnosis is given by Dr. Fordyce Barker,‡ in which a case of puerperal embolism of the posterior tibial artery was regarded, at first, as due to hysteria, by a surgeon who was called in consultation.

* *Transactions* of the Obstetrical Society of London, vol. ii, p. 276; London, 1860.

† Philadelphia *Medical Times*, vol. vi, p. 429.

‡ "The Puerperal Diseases," New York, 1874, p. 259.

In a case recently reported by Dr. F. P. Foster, it is stated that the symptoms "seemed, at first, to point to pulmonary embolism, but they were soon found to be caused by hysteria." The case, until the ninth day after confinement, was doing well; but while sitting up to use a vaginal injection, she experienced general pains, with a sense of distress and impending suffocation, but without true dyspnœa. The diagnosis of hysteria was based on the fact that the patient rapidly recovered, and that she and her mother had previously had attacks called hysterical.

The interesting features of this last case will be the apology for continuing it in the company of the two preceding, where it was found,* although it is scarcely a case in which the diagnosis is acknowledged by its author to be incorrect. It is believed that there are some who, perhaps, would explain these symptoms upon another hypothesis than hysteria, as due to causes among which the alteration in the blood crasis, and vascular pressure, as well as the nervous exhaustion following overstrain, both incident upon the recent parturition, would figure prominently. Or the explanation of this, and indeed of many other cases called hysterical, may be suggested by the diagnosis in "Two Cases of Peculiar Mental Trouble following the Puerperal State," reported by Dr. Allan McLane Hamilton, in the American Supplement to the *Obstetrical Journal*, for July, 1876. The patients were uræmic during pregnancy, but without convulsions or other grave symptoms. Subsequently they displayed morbid impulses, eccentric behavior, and suicidal manifestations. This was not the insanity of lactation, because in both these cases the milk was suppressed. He says, to quote his own words, "I have seen the same symptoms expressed, though in a less marked degree, in patients who were suffering from chronic nephritis, and where the puerperal state had nothing to do with the history." This is important evidence, and it is believed that it suggests the secret source of symptoms that sometimes pass for hysteria until their true nature is discovered. From these we naturally pass to the consideration of—

Class II.—Cases called hysterical, where there is room for the suspicion that a clearer insight into the nature of the disease, with due recognition of the pathological processes involved, would have led to a definite diagnosis.

* New York *Medical Record*, p. 314 of current volume.

In the first group of cases the hypothesis of hysteria was acknowledged to be incorrect. The only difference between them and these we are about considering lies in the accident of discovery; in the latter the real character of the disease has failed to receive recognition. To this group the great majority of cases called hysterical, in all probability, really belong. Hysteria is a most convenient word to use, in place of a diagnosis, especially in nervous affections, whose expressions are confessedly so difficult of interpretation. For those who desire a royal road to the understanding of these disorders, we may well imagine we overhear some medical Sancho Panza piously exclaiming, "Blessed be the man who invented Hysteria!"

Medical literature offers many illustrations of the truth of the assertion that the word hysteria has been frequently used in the place of a diagnosis.

The authority of Sir B. C. Brodie is quoted, on the authority of Gross,* to establish the fact that there is such a thing in pathology as a hysterical joint, and this distinguished example has been diligently copied. Medical literature now offers a large assortment of hysterical affections of different parts of the body; a recent illustration of this is found in the *Transactions* of the College of Physicians of this city, for 1875, in an article by Dr. Harlan, on "Hysterical Affections of the Eye." To remove any uncertainty as to whether or not uterine disease is indicated by the title, it may be mentioned that the paper contains notes of five cases, in four of which the age is given; three of these are girls, aged respectively ten, eleven, and fourteen years; and the fourth is of the male sex, whose age is immaterial for present purposes.

Hysteria thus affords an example of a word which, having swung loose from its original meaning, drifts at the mercy of wind and tide, from one shade of signification to another, according to the caprice or understanding of its temporary employer. In confirmation of this, we point to the medical journals themselves, that constantly bring us reports of cases with hysterical joints, hysterical eyes, hysterical bladders, hysterical catalepsy, convulsions, trismus, locomotor ataxia, paralysis, and so on through a nosology purely hysterical. Viewed in this light, the observation of Celsus, *Ex vulva quoque feminis*

* "System of Surgery," Phila., 1872, 5th ed., vol. i, p. 1097.

vehemens malum nascitur, certainly applies with peculiar force.

From the preceding cases, where the word Hysteria is manifestly misused, we may turn to those instances in which emotional and nervous phenomena are displayed, and which are generally regarded as typical cases of hysteria. The question may here be repeated, Is it true that there is a peculiar phase of systemic disease for which nosology affords no more definite title than hysteria?

In what has been called the hysterical state, weakened will-power and morbidly exalted sensibility are important factors. In such cases, the higher faculties of the mind—the reason, the judgment, and the will—become subordinated to the passions and emotions, and in proportion to the extent of this disturbance of the natural balance of the mind will phenomena of delirious volition and disordered intellection manifest themselves, ranging in degree from merely eccentric behavior, with fits of laughing or crying, with restrainable morbid impulses, to attacks of acute mania, hypochondriasis, or confirmed melancholy. This will include those curious cases of unconscious malingering, with temporary loss of speech, inability to walk, epileptiform convulsions and coma, which are considered characteristic of hysteria.

Dr. Bennett,* in speaking of the morbid perversion of the f elings that takes place in some cases called hysterical, states positively that "it is really a form of temporary insanity, the result of disease." This statement, met with after commencing this paper, has forestalled one of its intended conclusions, that *cerebral hysteria is a form of insanity*, mild in character at times, and having its paroxysms separated by lucid intervals, but differing in neither of these traits from other mild forms of insanity which are never called hysterical.

In the cases just considered, there may or may not be co-existing disease of the intra-pelvic organs, but the symptoms themselves are plainly psychological. But even should the uterus be in an abnormal condition, it is evident that, in many cases called hysterical, there are just grounds for believing that both the uterine disorder and the general symptoms are independent expressions of a general dyscrasia. Impoverished blood causes, in one direction, dysmenorrhœal troubles and pathological states of the uterus and ovaries; in another, through disturbed capillary circulation, it leads to mal-nutrition of the nervous ganglia, generally with, it may be, local congestions or transudations in the vesicular neurine, thus producing temporary paralysis of motion and sensation or muscular contractions when occurring in the spinal cord; but in the cerebral hemispheres, giving rise to psychological phenomena. Certainly, nothing can be gained by calling such cases hysterical.

There is yet another class of cases, in which the symptoms are traceable to a peculiar excitation of the great nerve centres, from a peripheral source of irritation. The protean character of the phenomena, presented in different cases, is due to the particular point of election in the nervous system, which responds to the irritation; thus, if within the cerebrum, it would give rise to psychological disturbances; in the medulla or cerebellum, epilepsy or chorea may result; in the spinal cord, the kinesodic tract may cause paralysis, paresis, or muscular contracture; of the sensory tract, there may follow the phenomena of exalted, depressed, or perverted sensation, including neuralgia and analgesia; and occurring in the ganglia of the great sympathetic, there may be disturbed secretory function, anorexia, and perhaps alteration in bodily temperature. In some cases it is probable that two or more of these centres of irritation may concur in the same patient.

But to show the narrow boundary that divides such cases from organic lesion and pathological change, we may consider what might take place in a suppositious case. For the sake of illustration, let the dorsal region of the spinal cord be the seat of election for the explosion of a peripheral irritation, the source of which may be supposed in this case to reside in a diseased uterus. As long as there is only exaltation of function of this part of the nervous system, it is conceded that the case may be correctly considered as hysteria, and the symptoms called hysterical. But very soon continued excitation produces local changes in the cord, expressed by congestion, anæmia, or degeneration of nerve cells; for continued exercise of function, without physiological intervals of rest, passes rapidly over the boundary line into the domain of pathology. Secondary changes may follow, such as inflammation, softening, sclero-

*On "Inflammation of the Uterus." London, 1861. 4th edition, p. 477.

sis, atrophy of nerve cells with relative increase of cellular tissue, which, certainly, no one would think of calling hysterical if their pathology were recognized; and this remark applies as forcibly to the other cases just referred to, of spinal congestion, anæmia, and atony of nerve cells, only their pathology is not so readily recognized. Nor is this likely to occur as long as the word hysteria is considered a satisfactory diagnosis for cases of paresis, paraplegia and altered sensation that clearly indicate an abnormal condition of a nervous centre.

As regards convulsive hysteria, the position defended in this paper is the one taken by Dr. Bennett in his classical work before mentioned. He says, "Convulsive hysteria is a disease of the spino-cerebral nervous system, which may exist independently of any uterine lesion, or of any evident connection with the uterus and its functions." To this statement, from so high an authority, nothing need be added.

Although cases of so-called hysteria in the male would naturally come within the limits of this class, it is believed that no consideration of them is needed further than the mere mention of their title.

Class III.—Cases correctly diagnosed by competent observers, but which, judging from analogy, would have been called hysterical by others of less skill or experience.

Among these may be included cases which during life were considered hysterical, but post-mortem examination showed lesions of the nervous system. Dr. Dupuy, in the article already referred to, states that he has very often observed hysterical symptoms in cases of lesions of the pons varolii, both in male and female subjects, caused by most diverse diseases. Dr. Bonnemaison* states that the body of a hysterical female was examined after death by Grisolle, who was able to demonstrate the congenital absence of the uterus and part of the vagina.

A similar case, without the autopsy, was reported by the writer in the Philadelphia *Medical Times*.† The case being of more than passing interest, we reproduce part of the clinical history from the published report:—

Case.—Miss Bertha D., 22 years of age, admitted into Pennsylvania Hospital, August 14, 1873. "For more than seven years she had suffered from physical disturbances every four weeks, often being obliged to keep her bed at these periods, but never had any vaginal discharge. She frequently had epistaxis at these times, which greatly relieved the headache and pelvic distress. On one occasion the family physician ordered an application of leeches to her thighs and abdomen, from which she experienced such relief that she subsequently applied them several times of her own accord. She refused to permit a vaginal examination while at home, and her physician recommended a visit to America, thinking that a change of climate might encourage the establishment of the function."

After her admission into the hospital, "in making a digital exam ination, an abnormal condition of the vagina was found The surrounding parts showed nothing unusual, but the vagina was a cul-de-sac, of scarcely an inch in depth."

Further examination with the patient under the influence of ether showed that "no uterus or rudiment of one existed. With two fingers in the bowel, a fold of membrane or band of fibrous tissue could be felt running across the pelvis, high up, as if it were the broad ligament. There was nothing to represent the uterus, as there was not even a perceptible thickening of this membrane in the centre."

The point of special interest in the case, in the present connection, will now appear.

"The patient remained under observation nearly seven weeks, during which she showed marked *hysterical* symptoms, losing consciousness on several occasions."

Without a physical examination this case would have been pronounced purely hysterical; with one, it is seen that the hysterical symptoms, in this case at least, must have had their origin in the nervous system, and not in the uterus, because there was no uterus.

There are several other cases in point that might be introduced here, but the limits of the article forbid. We cannot refrain, however, from quoting, and somewhat in detail, a case that carries with it the conviction that in less skillful hands it would have been pronounced hysterical. It is reported by Professor J. S. Jewell,* as follows:—

Case.—"Mrs. S., aged 41 years; married late in life, and the mother of one child, now four years old. She has a nervous temperament, rather light complexion, light hair and blue eyes. She is quick and lively in movement, in motions and temper, and has come from a nervous but otherwise healthy family.

* *Archives Générales de Médecin*, vol. xxv, 6 s., 1875, p. 666.

† "Case of Absent Uterus and Vagina, with Rudimentary Ovaries, (?) with Regularly-recurring Menstrual Molimen." Philadelphia *Medical Times*, vol. v., p. 51.

* "Case of Morbidly Exalted Sensibility." Series of American Clinical Lectures, edited by E. C. Seguin, New York, 1876. Vol. II, pp. 24, *et seq.*

Mrs. S., prior to seeking advice, had been for months watching with an invalid mother, who finally died of some form of lung disease. To the loss of sleep, irregularity in habits, and the physical and mental exhaustion incident to prolonged watching, she attributes her present bad health, at least in a great measure. But prior to this she had headache, irregular appetite, occasional constipation, and sometimes disturbed sleep. These symptoms she has had, at times, ever since the birth of her child. She menstruates somewhat irregularly, and at times has leucorrhœa, and some pain in the sacral region, in the small of the back and through the hips, all of which latter symptoms are aggravated at the recurrence of the menstrual period. There is no cough; there is no fixed pain anywhere. There are no decided chills and fever, except at rare and irregular intervals. There is no paralysis, and, in fact, no evidence of any serious local disease anywhere, not even in the pelvis. But one condition is present in her case in a very high degree, viz., abnormally exalted nervous sensibility, and this is manifested in almost every form and sphere, whether in the physiological or psychological relations. She is, or seems to be, sensitive to almost every touch on the skin, but particularly over the spine, along many parts of which there is well-marked hyperalgesia, rather than hyperæsthesia, while in other parts these two states appear to be combined. Though the skin has almost a normal temperature, yet she complains inordinately of cold impressions when they are made. There is very slight photophobia, and moderate use of the eyes, especially if the gaze is intent or fixed for a few minutes, gives rise to dizziness of the head, feelings of intra-cranial pressure, especially at the top of the head, pain in the occipital region, formication in the skin of the upper extremities and upper portion of the trunk, and sometimes of other parts of the body. Beside these phenomena, and others, vaso-motor disturbances in the skin of the fingers, more especially of the palmar surface, appear; and palpitation of the heart, embarrassed breathing, and feelings of nausea and faintness arise upon fixed use of the eyes. But the most careful examination I have been able to make does not show any defect in the vision as regards the capacity for adjustment, etc., which might account for the symptoms I have just related.

"Her hearing is acute, more so than natural. She has frequent ringing in the ears, and sometimes other abnormal sounds, but they are not constant in kind nor duration.

"Our patient cannot rise up suddenly after sitting or lying, or stoop down, or, as she lies, sometimes, cannot turn in bed, so she will rest on one side, and thus disturb the equilibrium of the intra-cranial circulation; nor can she apply herself mentally, without experiencing in all these cases confusion and vertigo.

"If she becomes exhausted, she can feel her heart beat, and the pulsations of the arteries in many parts of the body, even at the fingers' tips.

"At times she can feel the peristaltic movements of the bowels with startling distinctness, or the presence of food in the stomach, or of fecal accumulations in the lower bowels if she become constipated; or the presence of urine in the bladder, even when it is moderately distended. A slight sound, if unexpected, and more particularly if unusual in character, gives her a most uncomfortable start, affecting momentarily the action of nearly the whole muscular system, and also for a time the action of the vascular system. In other words, reflex excitability of the nervous system is greatly exaggerated in her case.

"She is just as morbidly excitable in her emotions, especially those of a depressing character, as she is in respect to her mere physiological sensibilities. She is easily distressed and filled with anxiety by slight causes, whether arising out of her own condition or of her surroundings. She is especially alarmed at the various changes in her feelings that occur and vary almost hourly, unless her mind is pleasantly occupied with company, or in some other way. She is as weak in will power as she is in muscular power. Nervous weakness may show itself in either or both of these ways."

* * * * * *

"The pathological conditions underlying this case will be found present in hundreds of others, which differ from it only in their extent and the grouping or peculiar character of their symptoms. If this be so, it is a matter of importance for us to have a correct knowledge, if we can obtain it, of the nature of the condition of the nervous system itself, out of which these many-hued and morbid forms of sensibility spring."

In short, Professor Jewell concludes that in the nervous system of such patients there "is a lesion of nutrition, which consists in a more or less serious loss of balance, as between waste and repair, and on the side of the former.

"The nervous centres become so unstable and responsive when in this impaired state, that the slightest centripetal impressions are capable of arousing reflexes, altogether disproportionate, in energy, duration, and extent, to their cause, as compared with the natural course of such things. . . . It is rather customary in considering these cases of hyperæsthesia, hyperalgesia, exalted reflex excitability, etc., to fix their organic seat in a vague way in the peripheral nerves or surface, but in my opinion this is a grave error. I do not say that the condition of the nerve fibres plays no part in these cases of morbidly exalted sensibility, but I am prepared to affirm that they have but little to do with it."

The diagnosis of this case is given by Professor Jewell as Exalted Morbid Sensibility, and it requires no comment.

In drawing this paper to a close, it is believed

that the consideration of the subject warrants the following

CONCLUSIONS:

I. What has been called Hysteria is not a disease, but a symptom of disease.

II. Where the pathological source of such symptom resides in the uterus or ovaries, cases may, with some show of propriety, be termed hysterical.

III. Where the uterus and organs associated with it in function are not in a morbid condition, no symptoms can be correctly called hysterical.

IV. When the diagnosis of Hysteria is made, the burden of proof rests with the user of the term to show, first, that there is co existing uterine disorder, and, secondly, that it is the direct and sole cause of the pathological phenomena in question.

V. Symptoms called hysterical may be due to reflex irritation of the great nerve centres.

VI. The source of the irritation causing these reflex symptoms may reside in any other organ than the uterus.

VII. Where this cause exists elsewhere than with the uterus, the symptoms are improperly termed hysterical.

VIII. As there is nothing in the symptoms themselves to indicate whether they are uterine, or not uterine, in their origin, the word Hysteria is of doubtful propriety, being in one case incorrectly applied, and in the other having nothing to commend it that would counterbalance its positive disadvantage of imposing a definite pathological character upon a disease in advance of the diagnosis.

IX. Medical nomenclature offers more precise expressions for the various uterine diseases than the word Hysteria, while its use to describe a pure neurosis is evidently incorrect. In all cases called hysterical, the diagnostician should not be misled by a name given to a group of symptoms, but should investigate their nature and source, and apply, in preference, a title that more clearly describes their pathological relations.

X. The progress of pathology requires that the use of the word Hysteria should be very much restricted, if not finally discontinued.

—A series of Clinical Lectures on Diseases of Women will be commenced in this journal in January.

LACERATED WOUND OF THE SCLEROTIC—SUCCESSFUL CURE BY MEANS OF CONJUNCTIVAL SUTURES.

BY M. LANDESBERG, M. D.,

Of Philadelphia.

The perforating wounds of the sclerotic, though they do not belong to the rare injuries of the eye, are nevertheless deserving of the highest attention, not only by the oculist, but also by every medical practitioner. In the majority of cases the function of the organ is lost completely. Therefore the prognosis of every injury of the sclerotic must necessarily be unfavorable, and its seriousness is by no means diminished, even if the immediate result of the treatment appears favorable. Though the function of the eye may not have been impaired after the wound is healed, we are not at all certain that sooner or later the irritation proceeding from the cicatrix may not cause intense inflammation, eventually destroying vision. We are here reminded of the dangerous form of insidious cyclitis which, befalling the eye, ends in the loss of its function. But what demands our attention in a still higher degree, is the fact that in all cases of such injuries, not only the iniured eye is seriously endangered, but also the sound one. Sympathetic ophthalmia will destroy it, unless the danger is immediately recognized and energetically combated. Many cases of total blindness may be traced back to one-sided injuries, which, if treated with sufficient circumspection, would not have resulted in the loss of the remaining eye.

The case which I am about to publish is closely related to the one published by myself in the third volume of Knapp's *Archives of Ophthalmology and Otology*. It possesses an additional interest in regard to the exceptional mode of treatment to which it was subjected. While in every instance of open wounds of the sclerotic the application of a compressive bandage is the rule, from which any deviation would seem to bring its own punishment, I was here compelled, by the force of peculiar circumstances, to forsake this customary mode of proceeding, and to adopt a method which proved to be the only resource in this desperate case.

C. K., 45 years old, workingman, was brought to me on the afternoon of November 5th, 1871, suffering from a severe injury of the

left eye, which he had received in the morning of the same day.

Status præsens. Left eye: lids normal; cornea free, but sunken. In the anterior chamber, much blood. Of the iris, the upper segments only are visible. Bulb soft. Strongly pronounced pericorneal injection. Externally, from the point of insertion of the Musc. rect. ext, there is an irregular wound of the sclera, with jagged edges, running from below upward. The wound gapes about 3‴. The vitreous humor is prolapsed, and keeps the edges of the wound apart in the shape of a funnel. Perception of light seems to exist, although the projection is extremely defective. Ophthalmic examination impossible.

Right eye: Leucoma corneæ almost complete. Iris disorganized. *Cataracta secundaria.* Amaurosis.

The patient, on being received into the hospital, had administered to him atropia, subcutaneous injection of morphia, and applied a compressive bandage. On the following day there was but slight reaction. Pain moderate. Cornea a little more prominent. Edges of the wound unchanged. Vitreous humor in the same position. The blood in the anterior chamber had completely settled down, occupying one-third of the same, whereby the enlarged pupil became visible. The patient could count the fingers at about 2″ distance. He would not submit to any further application of the compressive bandage, and demanded his discharge, on account of business obligations. Nothing would induce him to remain, not even the prospect of unavoidable blindness.

In this desperate case, I took refuge in the following proceeding, in order to leave nothing undone that might possibly assist in the preservation of the eye. I detached widely the conjunctiva bulbi, with the scissors, on both sides of the wound; then I drew one flap of the conjunctiva over the gaping wound of the sclerotic (so as to cover both the wound and the prolapsed vitreous humor), and fastened it sidewise, by means of sutures, to the other flap of the conjunctiva. I did not dare to place a suture in the sclera itself, for fear of the considerable traction which would have unavoidably taken place by the closure of the broad wound with its jagged edges. I advised the patient to wear a blue eye-shade, and to continue the instillation of atropia.

After four days I saw the patient again. He lived at a distance of several miles, which he was obliged to march on foot. The eye looked surprisingly well, not a sign of irritation. The anterior chamber is partly restored, though as yet very shallow. The blood, for the most part, has been absorbed. Pupil dilated, lens intact. Bulbous soft. The flap of the conjunctiva over the wound is somewhat swollen. The threads are in position. The needle punctures are infiltrated with pus. Vision has increased to about $\frac{5}{200}$. I removed the sutures.

The improvement from that time was rapid, though the patient carelessly exposed himself to every injurious influence, and returned to his work about the second week after the injury; not the slightest reaction took place. The wound of the sclera was closed, the intraocular pressure restored, and vision gradually increased.

About four weeks after the first visit the wound was firmly closed, and the intra-ocular pressure normal. I found a vision of $\frac{15}{40}$. Jaeger 3 could be used with + 36, at from 5″–15″.

For four years I had opportunities of observing the patient, and of assuring myself that the eye had remained in an unchanged condition.

This case proves, in a marked manner, what insults the eye can bear, and how often our experience is set at naught by a freak of nature. It proves, furthermore, how much good the physician may accomplish if he does not despair of his art.

Finally, it may serve as a useful hint to others, if they should be placed in a similar position.

OPIUM POISONING, TREATED BY ELECTRICITY AND BELLADONNA.

BY MARTIN BURKE, M. D.,
Of New York City.

I would, with your permission, report a very interesting case of opium poisoning cured by electricity and belladonna.

Late one evening, when returning home from a distant visit, I was hurriedly addressed by a man who desired me to go immediately to see Mr. S., who had taken a sufficient quantity of opium to destroy life. While I was going for my battery, he called upon my friend Dr. Hanks, who resides beside me. We both hurried to the residence of our patient, and found him in a state of coma; pupils contracted

to the size of a pin's head, and breathing somewhat stertorous. His respirations were four a minute; his pulse was slow. His wife stated that he had taken the opium about forty-five minutes before. Dr. Hanks had meanwhile sent for a prescription of—

℞. Zinci sulphatis, gr.xxx
Fluidi extracti ipecacuanhæ, ʒiss.

which, having been procured, was immediately administered. It vomited our patient in about three minutes. A Dr. White had meanwhile arrived, and he proposed the administration of belladonna; accordingly, about the twenty-fourth of a grain of atropia was given hypodermically. Another mixture of zinc and ipecac was administered. It promptly vomited the patient, and, indeed, in the matter ejected we detected the smell of opium. A small quantity of food was also discovered.

Our patient was now partially conscious, and although we had introduced the tube of a stomach pump into his pharynx, he caught it between his teeth, and fearing that he would cut it through, we removed it. Our patient said he wished to die. His clothes were dragged upon his reluctant limbs, and at half-past eleven o'clock we commenced to walk our would-be suicide.

I now examined the bottle in which he had procured the preparation of opium. It was a two-ounce bottle, in which remained about a drachm of dark-looking fluid. I afterward learned from the druggist, to whom Mr. S. was known, that he had procured a two-ounce mixture containing equal parts of tincture opii and alcohol; of this only a drachm remained. We now administered large quantities of strong black coffee, part of which was vomited. At about quarter after twelve A. M., another one-twenty-fourth grain of atropia was administered, subcutaneously. Our patient was now conscious, but was unwilling to walk. Pupils had dilated to almost normal size. More coffee was given. Half-past one o'clock, patient staggered and fell. We now proposed electricity, and accordingly I applied both poles of the battery over the situation of the phrenic nerves; it caused him to take a prolonged and deep inspiration. His respirations, with and without electricity, were counted; with electricity, they were about nine per minute; without it, seven.

In order to keep him awake, or to awaken him, we occasionally applied the poles of the battery to the posterior cervical nerves. This aroused him at once; he raised himself, and endeavored to escape from this sharp sting. We removed the poles, and again he sank into a state of coma. At about three o'clock atropia, grain one-twenty-fourth, was again administered. His pupils now became normal. We had previous to this never permitted our patient to sleep, using only electricity; but at four o'clock we permitted him to slumber, employing a somewhat weaker power to the phrenic nerves, thereby increasing the depth of the respirations, and, indeed, their frequency, in about the proportion of one to three a minute. In lengthening the respiratory force its effect was wonderful. Dr. Hanks and I relieved each other, remaining with our patient until about six o'clock. We now could easily arouse him, and accordingly it was deemed advisable to remove the battery. I should state, however, that the patient's respiration never, during our treatment, went below four, and never, even under the influence of electricity, went above ten.

Mr. S., being of strong physique, recovered rapidly. Three days after he attended to his business.

Hospital Reports.

INFIRMARY FOR NERVOUS DISEASES.

CLINIC OF S. WEIR MITCHELL, M. D.

REPORTED BY C. C. VANDERBECK, M. D.

The Symptom Numbness.

In the case before you, as in the last one which presented itself, the patient complained of feeling numbness in the extremities. I am not sorry to have the chance to say a few words to you on this subject. Numbness is the word used for several forms or varieties of sensations not found in health, or, I should say, in perfect health. It is used both by patients and doctors, but whenever used, needs to be accurately described, and then related to the other symptoms present, before we can respect it as a defining symptom. To the patient who has experienced it for the first time, it is alarming, but really, like most symptoms, it is sometimes of much meaning, and sometimes of little.

In the present case, the patient, a hard-worked woman, with natural tendencies to easy emotional manifestations, emphasized, as these always are, by anæmia, tells us that she began to suffer last spring, from what she calls numbness of the feet and hands. We carefully question her, and learn that this means that, when

tired or worried, she has a feeling as of the parts named being asleep; she calls it a "*prinking;*" that this is worse in the evenings, and that early in the morning she is free from it. The æsthesiometer shows that we have no loss of touch, and there is an absence of all signs of paralytic trouble in brain or cord; neither can I call this a hysterical symptom, although it is found in a hysterical woman. If forced to speculate on its cause, I should conclude it to be due to defect of nerve nutrition in the extremities, and associate this with thin blood, under-feeding, and too constant work, with that which makes the cruel friction of all work, bodily and mental, worry.

But, speculate as we may, of this at least I am certain, and that is, of curing her; and first I shall assure her that this is not the kind of numbness which precedes paralysis. And what next shall I say to this wretched slave of work, this weakening, pallid girl, whose hysterical states have driven her parents to consent to any needed measure? It is vain to say take rest; the demands of home are unrelenting. It is useless to order good diet. With abundant food, the mechanic's wife knows of but one cooking utensil, the national frying pan. I shall take this girl into the hospital, and, setting mind and body both at rest, feed her well and often, and then, with good hope, give iron freely. It would be valueless to do this at her home, for iron is a drug which often fails to act, without certain aids; and curable anæmia, once well established, may continue to exist under bountiful doses of iron, if only there be present some steady cause of moral disturbance, or some slight physical difficulty, some cause which gives annoyance or slight pain, or disturbs sleep; but put these aside, and the iron becomes active for good. Indeed, to habitually overworked folks, like some laborers and sewing women, an accident which puts them on their backs for five or six weeks in a well-ordered hospital is of great value. They get up again fat and well, and with what the people aptly call "a new lease of life."

But I have been led away from the subject of the symptom numbness. This girl's case reminds me of a class of cases of which I see many, and which have come to form for me a distinct clinical group, a neurosis.

A man (it is nearly always a man) overworked, or a student who has used his mind too steadily at the age of growth, begins to have, and it is usually in the spring-time, tingling of the hands and feet. Very often I can find no sign of anæmia or of remarkably lowered health. All the functions are in order, and the appetite and digestion are sometimes faultless, but nearly always the heart is irregular, in spells, especially at night. Then also there is sure to be a sense of weight or pain at the occiput. The numbness is purely subjective. It at times invades the whole skin, and the face and scalp are favorite sites. It is here felt in islands, and with it there is often a feeling as if the facial skin were drawn tight. The numbness in these cases is sometimes intense, and the prickling feeling so great as to be painful. I have heard one sufferer remark that he had once been poisoned with aconite, and that the formication was like that which he then felt.

When this "all-asleep feeling" is most vivid, there is apt to be with it a noise in the head, a faint singing, which is not usually referred to the ears, but is felt in the occipital region, with considerable irregularity of the heart's action. In the graver cases, the finger tips often burn severely, and there are at times in the hands and feet islets of vasal dilatation. More or less insomnia and general nervousness completes my picture, or rather my sketch.

The numbness which this curious neurosis presents, although most alarming to the patient, is really free from danger; yet, also, it is an obstinate malady, unless at the outset it be broken up by some complete change in habits, occupation and residence. After a while it is not readily relieved, or rather cured, even by travel abroad, but is apt to return, again and again. The regular life of a well-ordered water cure, with mild use of spinal douches or shower-baths, I have seen to be of great value, but I do not know of a single water cure in America which commands the full confidence of the profession, and, unluckily, travel in Europe is not at every one's disposal.

I am puzzled in many of these cases by the fact that the patient seems to be in a good state of physical vigor, so that tonics appear not to be indicated, and are, indeed, as a rule, useless; at least, I should say tonic drugs are valueless; but riding on horseback, exercise afoot, the life of the camp in summer, utter revolution in the ordinary habits—these forms of tonic are serviceable when used with discretion, and one of them, the out-door camp life, is in the power of a vast number of our people.

I have said that you would find this group of symptoms obstinate and troublesome under any treatment, but you will also find that the cases you do not cure get well as time goes on, the changes in life or habits, or the natural revolutions which time effects in all of us, being often sufficient to cure.

There is another form of numbness which may or may not be free from dysæsthesia. I think I mentioned it a few weeks ago in connection with a case of general nervousness; at all events, I have been frequently consulted for it. It belongs only to the night, and cannot be confounded with that numbness with loss of power which comes of sleeping with the arm bent in some awkward position, or so situated that it is subjected to pressure on one of the main nerves. Of this we see almost every week good examples, but the form of trouble I now desire to recall to your attention is rare.

The last case seen at this clinic was a middle-aged woman, who was in rather feeble health. Now and then she awakened with numbness of the whole side, left or right. She was not clear as to whether it affected the face or not. After

an hour or more, it gradually faded away. Sometimes it attacked a single limb, but this was rare. I used to fear this symptom, and suspect that it might presage a true hemiplegia, but I have now seen it so often, in people who suffered no evil consequences, that I have ceased to dread it. It usually yields to tonics, and is one of the many nameless neuroses which are seen by busy city physicians, and which require that general fortifying of the system which is the most effectual means of dealing with such disorders as grow out of the constant strain and struggle to which modern civilized life subjects those who are involed in its vortex.

When this symptom numbness occurs in daytime, as a unilateral trouble, and is associated with headache, or noises in the head, and is found also in the face, and involves some thickness of speech, it is a graver matter. When, also, it occurs in people past fifty, and when there is with it any tendency to incoördination of movements in the hand, and the least trace of lessened sense of tact, it should at once put the physician on his guard. Then there is another question to solve. If the patient be weak and anæmic, the path is plain, and we need to use good diet, cod-liver oil, and tonics. If there be grave valvular disorder of the heart, we may suspect that a minute embolus has entered one of the vessels, and so affected the blood-supply of the regions in or near the opposite side of the optic thalamus, or the posterior parts of the corpus striatum. But if the sufferer be a vigorous man, in general good health, with or without distinct evidence of altered vascular walls, there is one remedy which I am sure is of value. It is simply a change of diet to milk, and vegetables, and fruit, and a total abandonment of all meats. I do not mean to pause here to reason on the why and the wherefore of this treatment. I can only assure you, from long experience, that it is of the utmost value, and that the change is often followed by a continued sense of relief from the numbness, and from all feelings of pressure and fullness. Of course, as every one knows, the organic palsies of the spine are apt to set out with sensations of numbness in the feet. These, at first, are often unassociated with true, or at least with perceptible changes in the capacity to feel or to localize touch, although this is apt very soon to follow, and to end in more or less dysæsthesia. There is no need to dwell on such well-known facts. I should like, however, to remind you that lead poisoning sometimes gives rise to formication, that ague-poisoning occasionally assumes this disguise, and that both in Bright's disease and saccharine diabetes numbness of the limbs may be met with. I have seen, within a week, illustrations of both of the latter causations.

A lad of eighteen consulted me last week for formication of the feet, without dysæsthesia. He told me that he had had, three years before, scarlet fever, followed by slight general œdema; but the water had not been examined. The left eye ground showed three small splotches of old retinitis, and he had evidence also of mitral regurgitation. The urine was highly albuminous, and had in it an abundance of fatty and granular casts; also, the feet were slightly swollen. Under the use of skimmed-milk diet, with tincture ferri in full doses, the numbness is already much better, and the œdema has gone.

Numbness from diabetes is a yet more serious symptom, because it is associated with true anæsthesia, and is due, I believe, to plugging of the peripheral blood vessels. I have seen it but two times in this disease; once it was a simple subjective sense of formication, and once it was a grave trouble, resulting in gangrene of one foot, and death. Sometimes, however, the slough is local and small, and recovery takes place. I have thus run over some of the rare causes of numbness, and some of the more common ones, but whenever it exists, you will do well to study it thoroughly, because, whether it has been as a mild tingling, without dysæsthesia, or as a profound and lasting symptom, with grades of lack of feeling, it is always a valuable symptom, when viewed with the other signs, which it in turn helps to make clear.

The sensation of prickling, of being asleep—in a word, of numbness in its various forms and degrees—is due always to a slight irritation of the nerves, or their connected nerve centres, so that at any point of a nerve track, from the sensory ganglia to its endings in the skin, a slight irritation will give the referred sensation we have been discussing. In the extremities we can cause it by rolling a nerve under the finger, or by an electric current through it, or by freezing the nerve at any point; and thus, in the chapter of accidents, tumors, pressure from any cause, blows, wounds, anything which slightly hurts without destroying, may cause numbness. So, too, in the centres, all disturbances of nutrition from imperfect circulation, or from small emboli, may cause it, while it is probable that the intrusion on the brain of small aneurismal dilations of minute vessels, such as Charcot has described, may have a like result, and also, it seems, that in the presence of increased blood pressures this symptom may get worse.

Numbness is often associated with other forms of what Erb calls paræsthesia, as distinguished from dysæsthesia and hyperæsthesia. Among these are sense of local constriction, of burning, of elongation of the limb, a very rare symptom, but nearly all of these curious forms of morbid feelings are due to cerebral disease, and well repay a fuller study and a more detailed description.

—A committee of prominent physicians of New York lately waited upon members of the Health Board of that city, and complained that there were a number of so-called German physicians practicing medicine in the city without having graduated at any medical institution, and charged them with being in possession of forged diplomas purporting to be issued by medical colleges abroad.

EDITORIAL DEPARTMENT.

PERISCOPE.

Tuberculous Ulcer of the Stomach.

Translated from the German, by John B. Roberts, M. D., of Philadelphia.

At an autopsy, made by Dr. M. Litten, of a man thirty years of age, there was found tuberculous ulceration of the larynx, bronchi, and lungs, with pleuro-pneumonia of the lower lobe of the left lung. There was also discovered extensive caseification of the mesenteric and epigastric glands, as well as miliary tubercle on the peritoneum. While the mucous membrane of the whole upper digestive tract was perfectly intact, there was situated on the anterior wall of the stomach, beginning in the situation of the lesser curvature, an elliptical loss of substance in the mucous membrane, the long diameter of which corresponded with the lesser curvature. The border of the ulcer was sharply cut, but partly swollen, and infiltrated with blood. Upon the ulcer could be seen at irregular intervals smooth, yellowish-gray nodules, about the size of a pin's head, which were also found at the periphery of the ulcerated surface. This surface otherwise was clean and even, and was formed of the transverse muscular coat, which was everywhere distinctly perceived, and over which a network of vessels spread. The long diameter of the ulcer was 1.6 inches, the transverse, 1.2 inches and the overlying serous membrane was, as also in some other places over the stomach, thickened, and dotted with miliary nodules, in great number. From this macroscopic examination it was probable that the ulcer was tuberculous, but the microscope left no doubt as to this nature of the lesion.

Dr. Litten considers that the interest of this case lies not so much in the infrequency of tuberculous gastric ulcers, but in the fact that no trace of the tuberculous ulcerative process occurred elsewhere in the whole digestive tract, though the declaration is made in literature that true tubercular ulceration of the stomach is only observed in advanced intestinal phthisis. In conclusion, it may be mentioned that during life this ulceration gave absolutely no symptoms.—*Virchow's Archiv.*, LXVII, 615.

Massage in Rheumatism.

The British and Foreign *Medico-Chirurgical Review* states that Dr. U. Halliday, of Stockholm, in old rheumatic cases, finds an excessive production of connective tissue with corresponding atrophy of the muscular elements. The pain of the malady usurps the chief attention both of patient and doctor, but it is not a reliable symptom, and commonly not well defined. It varies considerably in character in the same and in different individuals, and may from time to time disappear. It does not always correspond with the part really attacked, and may occasionally be absent. Moreover, similar pain accompanies many other maladies. It is not uncommon to meet with pain seated a considerable distance from the seat of the myitis, due in all probability to pressure exercised by the swollen muscular tissue upon nerve filaments, at the peripheral extremities of which pain will manifest itself.

Muscles are seldom affected throughout. The most common seat of inflammation is in the vicinity of their attachments. At times a number of nodosities may be found disseminated in one or more muscles, the intermediate muscular mass being healthy. The more advanced the anatomical changes, the less do patients in general complain of sensibility to touch.

Treatment should be directed to the removal of the morbid product, and therefore the employment of means to promote its absorption. *Massage* is the best means to this end, because it acts directly on the parts affected, and also possesses a more certain influence on the absorbent system than any other remedial means, whether external or internal. In recent cases its effects are frequently marvelous; but even in very chronic cases it will do good service, although the destruction of muscular tissue forbids the hope of cure. But this remedial measure must be continued, not only until pain ceases and the patient feels himself recovered, but onward and afterward, until every trace of the disease has vanished. In dealing, indeed, with bad and chronic cases, the time occupied must not be heeded.

On Bougies of Gelatine.

These are much used in Vienna; a correspondent of the *Medical Examiner* says their use was first introduced at the Laryngoscopic Clinic, and it has been attended with great success. The bougies used resemble those already employed in urethral diseases; they are something over three inches in length, and from one-eighth to one-fourth of an inch in diameter, and are pointed at one end, so as to be more easily introduced. The drugs most commonly applied in this way are the astringents, as alum, sulphate of copper, rhatany, and carbolic acid. Hitherto the treatment of nasal disease has been confined to injections of tepid water and solutions of different drugs, and applications of caustics to the nasal mucous membrane by means of a *porte-caustique*, the latter of which methods causes intense pain when the mucous membrane is swollen and the meatus is narrow.

Further, cauterization cannot be employed sufficiently often. The introduction of the nasal bougie, on the contrary, is not at all painful, the elastic body adapts itself to every irregularity in the nasal cavity, passes very easily through the narrowest parts of the meatus, and dilates them by a gentle pressure.

These bougies have been used in cases of coryza, ozæna, and with great success in cases of extensive swelling of the nasal mucous membrane and of the turbinated bones. If there is total obstruction of the meatus, and air cannot be drawn through the nostril, the introduction of the first bougie often effects a marvelous improvement. In cases of ozæna sulphate of copper and carbolic acid are the most useful agents, but where there is extensive swelling and relaxation of the mucous membrane the tincture of rhatany is to be recommended. Sulphate of zinc is not much used, for, according to Störk's experiments, solutions of this drug, even when only *injected* into the nose, destroy the power of smell.

There is no difficulty in introducing the bougie. It is advisable to give it a rotatory as well as an onward motion during introduction. Even in the most obstructed meatus it is possible to introduce the bougie completely, and in any direction. Afterward the nostril is plugged with lint to prevent the liquefied gelatine from escaping by any other orifice than the posterior nares. When there is much secretion present the bougie may liquefy in three-quarters of an hour, but it usually takes three hours. It causes no unpleasant sensation while in the nose, and it is useful not only in applying medicaments to the mucous membrane, but in keeping the meatus dilated.

The Climate of Algiers.

Dr. William Thomson writes to the *British Medical Journal* of September 30th:—

Speaking from my own experience, I should say that the climate of Algiers is of most undoubted value in those cases of phthisis where there is only as yet a slight deposit of tubercle in the lung or lungs, but that it does little more than prolong life for a time in those in whom the disease has gone the length of cavities; and it would be well if doctors at home thought twice before they sent out to Algiers or anywhere else some of the cases, in the most advanced stages, which it has been my misfortune to see there. In several cases in which, up to the time of their arrival, there had been excessive pyrexia, a marked fall in the temperature occurred, due, in a measure, I think, to the capital powers of sleeping which most arriving at Algiers enjoy, notwithstanding its proximity to the sea. In cases of old-standing pneumonia and pleurisy, I have seen much good done by a winter's residence at Algiers; but, in my opinion, those who, by some imprudence, contract maladies there, especially the low lobular forms of pneumonia, do not do so well, from what reason I do not profess to explain. All forms of bronchitis do remarkably well, especially the dry irritable variety and the chronic winter cough of the elderly. Every one of the numerous cases of asthma which I attended seemed to benefit by the climate, though, in this capricious disease, the improvement may have been purely accidental. The cases of emphysema I saw all did well, whilst most of the cardiac affections seemed to benefit from the mild equable temperature. I have heard that the climate of Algiers is not suitable for nervous complaints, and it may be so, as I have no opportunity of judging; but I see no reason why it should be so. All gastro-intestinal affections, among them three long-standing cases of Indian dysentery, did very well. I have only had two cases of typhoid fever in Algiers, and these came over in a yacht from Nice, and had the fever when they arrived. In the summer and autumn months I believe there is a liability to typhoid and malarious fevers in the country around; but then it is precisely in these seasons that no one dreams of staying in or near Algiers. In the uterine cases which I attended nearly every case seemed to benefit from the climate, and the menses became more regular in many long standing cases of amenorrhœa; on the other hand, however, I have heard that the warm climate sometimes causes a too profuse discharge; but I can hardly fancy that it could do so in the winter season. It is impossible, however, to lay down general laws as to what class of cases will or will not suit the climate of Algiers, as nearly everything depends on the individual character of the complaint, a fact which I think too many doctors at home are apt to ignore who appear to send cases at random to Mentone, Cannes, Algiers, etc., quite irrespective of the nature of the case or of the character of the climate.

The Eucalyptus in Ague.

Dr. John Curnow, of London, reports the following cases in the *Lancet*:—

Case 1.—S. S., aged eighteen, a Norwegian, was admitted May 23d, 1876. He had been suffering from intermittent fever for four or five weeks. The attacks were moderately severe and of a well-marked tertian type. An expectant plan of treatment was pursued until June 9th, and during this period the paroxysms recurrred on alternate days with the utmost regularity. They began at 10 A. M., reached their acme between 1.30 and 3 P. M., and passed off about 6 P. M.; thus lasting about eight hours. The highest temperatures varied from 104.8° to 105.6°. On June 9th the tincture of the eucalyptus globulus was given in one-drachm doses three times daily. The next day, on which another attack was due, his temperature only rose to 100°, and on the 12th to 100.4°; and after this date no further paroxysm occurred during the remainder of his stay in the hospital. On physical examination, a systolic bruit was heard over the apex of the

heart, but this was evidently of some standing, and had so far given rise to no symptoms. The splenic dullness was normal.

Case 2.—C. O., aged forty, a Dane, was admitted on June 19th, 1876. The attack commenced on June 14th, and was of the ordinary tertian type. The paroxysms were very severe, and extended over nearly twelve hours, on an average. On June 27th, the temperature was carefully taken at short intervals by Mr. Lacy, the house physician. At 10.30 A. M. it was normal, at 11.30 it had risen slightly, and soon after rigors set in; at 12.40 P. M. it was 101.6°, at 2.20 P. M. 105.6°, at 2.40 P. M. it had reached its highest point, 106.4°, at 3 P. M. it had fallen to 105.4°, at 6 P. M. to 101.4°, at 9 P. M. to 100°, and at midnight it was still above normal at 99.2°. The fit on the 29th was quite as severe. On July 1st, just before the next attack was due, the expectant plan of treatment, which had hitherto been pursued, was given up, and the tincture of the eucalyptus exhibited in drachm doses three times a day. The next two paroxysms were much shortened in length, and the temperature did not rise quite so high. On the 5th the dose was increased to two drachms three times daily, and he had his last attack on the next day. He was kept under observation until July 15th, and continued taking the medicine up to that date. This patient's splenic dullness was increased in extent, and the edge could just be felt. He had suffered from an attack of ague nine years before.

The Internal Administration of Chloroform.

M. Jaillard, a French army *pharmacien*, after alluding to the difficulties that occur in the internal administration of chloroform, states that the following simple procedure is by far the best:—The prescribed quantity of chloroform should be poured into from 100 to 120 grammes of milk (which may be either pure, or sweetened and aromatized with a few drops of cherry-laurel water), and then briskly stirred. The chloroform, in this way, becomes easily divided into an infinity of minute globules, exactly resembling in appearance the fat globules which exist in the milk, in the midst of which they remain suspended for an indefinite period.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The question whether menstruation means ovulation is answered in the negative in a brochure by Dr. A. Reeves Jackson (reprint from the *American Journal of Obstetrics*). It is a careful article, but by no means a conclusive argument.

——Matthias Lempert, of Bonn, sends us his catalogue of second-hand surgical books on sale, *Bibliotheca Chirurgica*. It contains about sixteen hundred titles, chiefly French and German. It can be had from L. W. Schmidt, 24 Barclay street, New York.

BOOK NOTICES.

Principles of Human Physiology. By William B. Carpenter, M. D., F. R. S., F. C. S., F. L. S., etc. Edited by Henry Power, M. B., Lond., F. R. C. S., etc. A New American from the eighth revised English edition. With Notes and Additions by Francis G. Smith, M. D., Professor of the Institutes of Medicine in the University of Pennsylvania, etc. Philadelphia, H. C. Lea, 1876. 1 vol., 8vo, pp. 1083.

It has been about five or six years since Carpenter's Physiology has undergone a revision, and now it receives a very thorough and careful one at the hands of the gentlemen whose names are given above. Without departing materially from the judicious arrangement which the author originally chose, the latest researches in physiology have been introduced, and with a careful hand. Thus we find a summary of the researches into the localization of the cerebral functions, and quite full statements of the numerous observations on the functions of the liver and kidneys, which have been so numerous of late years.

It is true the heavy additional freight of facts, foot-notes, and new names which the book carries, has diminished that fascination of style and philosophic expression which in earlier years drew so many others as well as ourselves to the perusal of Carpenter's Physiology. We note the change with regret, but perhaps it is a law of evolution that the poetry must die out of the life of a book as it does out of the life of man, by advancing years and editions.

The American editor has added what few paragraphs were necessary to bring the work up to the level of the science since the last English edition, and has thus rendered it a thoroughly complete compendium of physiology. With the exception of some woodcuts, which are too worn for use, the publisher has presented it in a very satisfactory manner. Altogether, there are few, if any, treatises on the subject so well calculated to attract and instruct a student as this one.

THE

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D. G. BRINTON, M.D., EDITOR.

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A TRUE MEDICAL PHILOSOPHER.

A few weeks ago we chronicled the death of one of the strongest and boldest thinkers of this generation—Dr. THOMAS LAYCOCK, of Edinburgh. He was physician to the Queen for Scotland, and Professor of the Practice of Physic in the University of Edinburgh, but these distinctions were trivial compared to that of being author of "Mind and Brain, or the Correlations of Consciousness and Organization, with their applications to Philosophy, Zoology, Physiology, Mental Pathology, and the Practice of Medicine" (2 vols. 1860).

In the various obituary notices we have seen concerning Dr. LAYCOCK in our British medical contemporaries, not once are the wonderful depth and originality of this book brought prominently forward. Too metaphysical for medical men, too medical for metaphysicians, it was a good deal of a puzzle to both. Dealing with the greatest of all problems, its methods were daring, and its results have up to this present time remained largely unappreciated. But we are very much in error in our forecasting, if Professor LAYCOCK's fundemantal doctrines shall not prevail when those of DARWIN, and HÆCKEL, and SPENCER are consigned to the realm of the antiquary. A very brief sketch of the position in which he stood to the philosophy of the day may properly be presented, now that he has passed away.

His first great discovery was that of the unconscious action of the brain, or, as he termed it, borrowing an expression from the school of REID, mental latency. Although the priority in this has been claimed for Dr. CARPENTER, it would appear that to Dr. LAYCOCK the honor is due.

The study of this subject led to the formation of three great philosophical schools; one holding that mental action is a slow product from cerebral growth (the evolutionists proper); the second, that there is a mental force underlying all phenomena, but that this is wholly unconscious; the third, that phenomena are the expression of conscious design. The second of these is the school of SCHOPENHAUER and VON HARTMANN; the third, that of Dr. THOMAS LAYCOCK.

His work requires no small amount of preliminary study to understand. His style is dry, his sentences long, and his partiality for new and strange words repels many readers. But these difficulties are well repaid by the exceeding worth of his matter.

Starting from the proposition that "the brain and nervous system are the proper subject-matter of a true science of mind," and that "Mind can only manifest itself in existence as it acts upon matter," he shows that order, or *design*, is the characteristic of mind, and that the universal presence of order in things—what some call the uniformity in nature—is the proof that "Mind is the final cause, as an ordering force, of all the physical forces;" a generalization which he elsewhere tersely expressed, "Motion and order are Thought in

act." This led him to the higher flight, that "the eternal ideas of the Divine Reason can be deduced from observation of the phenomena of creation." Such ideas he styled archetypal, or causal ideas, and believed that organic forms show their character and class. This was the foundation of his biology; and the archetypal ideas departed from, give pathology and its phenomena. The development of organic forms from simple to more complex relations is the indirect effect of the archetypal idea manifesting itself in matter. Evolution thus becomes Revelation.

Of the other attempts which were made to "solve the riddle of the universe," that by Dr. EDWARD VON HARTMANN has, perhaps, attracted the most attention as a philosophical scheme. His work, entitled "The Philosophy of the Unconscious," appeared in 1869, and a new edition has been called for nearly every year since.

Dr. HARTMANN assumes that in the realm of nature, idea and will exist without material substratum, and that this mental activity is an unconscious one, rising into partial consciousness only in man. The proof he brings chiefly from biology, from anatomy, physiology, and pathology, from the instinctive acts of the brute, and the unconscious impulses of human society. Wide research, excellent argumentative power, and a clear and often cutting style, have aided him in gaining much popularity for his views.

Of course, one at all acquainted with the history of German thought at once recognizes both in his theory and his manner of presenting it a devoted disciple of ARTHUR SCHOPENHAUR; and, indeed, he freely acknowledges his discipleship. But unlike his master, and obedient to the reigning impulse of all current metempiric thought, he seeks in the facts of natural, and especialy *medical* science, the support for his views.

He has, however, gained few adherents outside of Germany. In this country, Dr. GEORGE C. STIEBELING quite early published a severe criticism of his arguments (*Naturwissenschaft gegen Philosophie*, New York, 1871), and showed how superficial his explanations of nervous phenomena are. In England, Dr. LAYCOCK's doctrine of "Unconscious Cerebration," while, at first sight, in support of HARTMANN, in reality substitutes a wholly different explanation for the proofs he marshals in aid of his own theory. And the teachings of LAYCOCK on ancestral or transmitted memory, on mental atavism and inherited knowledge, furnish a beautiful and satisfactory method of accounting for nearly all for which SCHOPENHAUER had to call in his *Wille und Vorstellung*. The great Unconscious must already be consigned to the lumber room of imaginary entities.

Out of the conflict of intellects, in this day, the careful student will note, rising more distinctly into view, the recognition of the truth which LAYCOCK taught, that, somehow, it is *thought, conscious* thought, which controls creation. Let us give an instance. Of all the zoological classifications of the present day, that of RICHARD OWEN is gaining in favor with the closest observers. This is a classification which looks finally to mental action for its justification.

OWEN insists upon the primary importance of the development of the nervous centres in any classification, and upon the subsidiary value of "vascular, respiratory, locomotive, tegumentary, developmental structures." The rise of the nervous system, and especially of *the thinking part*, produces, by action on the muscular fibres, waste, and "necessitates corresponding improvements in the machinery for renovation." The heart is adapted, and the blood, by its greater number of colored discs, is made fitter, for renewal of the waste, the highest perfection being attained by the heart, which circulates perfectly pure blood, and not a mixed arterial and venous fluid. All this produces a rise in the temperature of the body, and vertebrates are divided into those with "wraps," and with

"no wraps." Vertebrata inferior to birds have no "wraps," and their temperature rises and falls with the surrounding medium, but those with feathers and furs enjoy an unchanging higher temperature. Wonderful are the connections between the body and mind, said the ancients; and now we say wonderful are those between a comfortable body and a light-hearted mind. He writes, "The rise in the faculty of forming ideas and enjoying sensations evokes the faculty of expression, such as is exemplified in the varied songs of birds and the manifold cackle or vocal utterances of the poultry yard."

A critic, who is evidently not an Owenist, says respecting these teachings: "According to OWEN, reasoning out his conclusions on the above, a good balance at one's banker's should elevate the intellect, and there is comfort in store for rich Philistines." This is just so, and in it is the justification of the ardent search for wealth which always marks a progressive state. ARISTOTLE long since remarked that a certain amount of ease in circumstances—of money in the purse—is necessary to the successful pursuit of the highest culture. GOETHE said every one of his good things had cost him a piece of gold. OWEN's law is as true in Sociology as it is in Zoology.

The complete and definite formulation which Dr. LAYCOCK gave this principle is, in the opinion of the present writer, bound to add an increasing lustre to his name, as posterity shall widen and deepen its scientific knowledge. It is the one true and only philosophy, and though it was enunciated as long since as in the days of ANAXAGORAS, there are few anywhere, and none in this age, who have more ably set forth its might, dignity and truth than this member of our profession.

Dr. LAYCOCK was a philosopher in act as well as in books. During the latter part of his life he suffered a good deal of domestic and personal affliction, the loss of his accomplished wife being followed by a severe illness which ultimately assumed a form which rendered necessary the amputation of the leg. He retained his genial equanimity, however, unimpaired to the last; his interest in the extension of knowledge was unabated, as a very able article last year in the *Journal of Mental Science* testifies; and more than all, when the clouds of age, illness, and the loss of loved ones gathered over his life, the light of "divine philosophy" guided and sustained him with its steady brightness, as it did BOETHIUS in his dungeon and MILTON in his blindness.

NOTES AND COMMENTS.

Chloride of Lead as a Disinfectant.

This substance is highly commended by Dr. R. H. Goolden, of London, in the *British Medical Journal*. He says:—

The advantage of the use of lead chloride, as I have prescribed it—viz.: 36 grains of the nitrate of lead in two pints of water, and 120 grains of chloride of soda in three gallons of water, poured together and allowed to settle—is, that you get a definite saturated solution, easily made in town or country, wherever wanted, containing no more lead than is necessary to decompose fetid gas, not poisonous, for it cannot pass the bowel without being converted into a sulphide. The lead sulphide, if pure (which in my solution it would be), is perfectly insoluble, except in strong nitric and boiling hydrochloric acids, and reducible only at a heat of 600° Fahr. It cannot be absorbed by animal or vegetable matter, and is as inert as powdered charcoal. It is precipitated as soon as formed; and if it escaped into the rivers, it would perhaps be washed down by strong streams to the estuary, where it would lie as black mud, but with this advantage over the present mud deposits, that instead of giving off fetid gas at low water, where the sun shines upon it, it would remain fixed as the sand and shingle.

Carbolic Acid Inhalations.

In a recent monograph by Dr. Lee, of the Hospital for Sick Children, London, the author states he has found marked benefit from the daily use of carbolic acid inhalations in whooping cough. The carbolic vapor ought to be diffused through the atmosphere of the room, in a cer-

tain proportion, and the patient must be confined to this atmosphere for several hours daily. Dr. Lee has had a vaporizing apparatus constructed on purpose, and he has exposed his patients (out-patients, for the most part) to the vapor, in a little room adjoining his consulting-room, for an hour or so once or twice a week. "Even under this limited use there was undoubtedly an amelioration of the severe spasmodic cough."

Large Doses of Ergot.

At the meeting of the American Gynecological Society, Dr. Drysdale, of Philadelphia, called attention to the use of large doses of ergot in uterine fibroids, and stated that he had administered half-ounce doses of Squibb's fluid extract three times a day for more than a year without producing any deleterious effects.

Dr. Wilson inquired whether the use of half-ounce doses of the fluid extract of ergot for months gave rise to pain that required the use of anodynes?

Dr. Drysdale replied that when the pain became too severe, the drug was discontinued until the pain subsided.

Belladonna as a Cerebral Stimulant.

Dr. Theo. H. Jewett, in a paper before the Maine Medical Association, maintains that belladonna is not a simple narcotic only, as has been generally supposed, but a brain stimulant and tonic of the first order. It is the special and appropriate remedy for congestion and inflammation of the brain, or for the debility of which they are the results. It is also the remedy for many affections, congestions, inflammations, and perverted action of many organs whose integrity is dependent upon a normal condition of the brain.

Treatment of Typhoid Fever by Ergot of Rye.

At the recent meeting of the French Association for the Advancement of Science, at Clermont Ferrand, Dr. Dubouć, of Pau, read an account of his treatment of typhoid fever by ergot of rye. He tried this plan of treatment in fifteen cases of typhoid fever, eight of which were men and seven women. The doses employed varied from 1.5 grammes to 3 grammes (22½ to 45 grains) *per diem*, and it was extremely well tolerated by both classes, though less markedly in the women than in the men. Of these fifteen cases, seven were of moderate severity and were cured; eight were very severe, and of these two were fatal. Of the six cases of recovery, three were taken into the hospital at nearly the last stage of the disease. The two fatal cases, of which a necropsy confirmed the diagnosis, did not at any stage show the physiological phenomena which were so marked in the other cases, such as lowering of the pulse and diminution of temperature.

Dropsical Effusions.

Dr. Charles Burr, of Carbondale, Pa., tells us, in the Pennsylvania State *Transactions*, that he used to feel quite uncertain when called to a case of dropsy, but now he "can smile and promise a speedy cure." The reason of this change is his adopting in all such cases the following prescription:—

℞ Infus. digitalis, f.℥iv
Potassæ acetatis, ℥ss. M.

Dose—For an adult a tablespoonful, for a child a teaspoonful, every two hours.

If this prescription will exercise generally so happy an effect on physician and patients, our readers will thank us for reproducing it.

Reflex Action of Tendons.

Dr. Ott informs us that since writing his articles on the above subject in the last number of the Reporter, histological research has kept pace with the physiological facts observed by Schiff and himself: that there are nerves in tendons which cause reflex actions. Dr. A. Rollet has discovered these nerves in tendons by osmic acid.* As he was not aware of any reflex action from tendons, he thought the nerves were only efferent, but the reflex actions detailed show that there must also be efferent fibres.

Scarlatinal Albuminuria.

This distressing sequela of scarlet fever too often frustrates the hopes inspired by convalescence. In the report from Berks county, Pennsylvania, in the State Medical Society *Transactions*, we read, "many children succumbed to it." In the same volume Dr. S. D. Bell, of Butler county, tells us that he has given up the old treatment by bitartrate of potassa, spirits of nitre, acetate of potash, etc., as unsatisfactory compared with the decoction of scoparius. This, he states, yielded "invariably the most flattering results." He used it

* Rosenthal's *Centralblatt*, S. 765.

in the form of decoction, made by boiling half an ounce of the tops in a pint and a half of water down to one pint. Of this a tablespoonful to a wineglassful was given every four or six hours, according to the age and severity of the symptoms.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT OF CONSUMPTION.

Letters by an Invalid Physician.

II.—EN ROUTE—THE SEA.

Ed. Med. and Surg. Reporter:—

A steam or sailing vessel constitutes, by all odds, the easiest and safest mode of conveying the invalid to his destination. Where the sea has to be crossed, of course they are indispensable; but in going from northern to southern resorts, as in the Carolinas and Florida, where speedier transit is secured by the railway, ocean conveyance is commonly overlooked. Good lines of ocean steamships run along our entire Atlantic seaboard, and one can go by sea from any prominent northern to most of the southern ports. Apart from this, those who, from any cause, dread the sea, can by canal, river, sound, inlet, and bay, make an inland passage by vessel almost continuously from the St. Lawrence to the St. John's.

In selecting a state-room for an invalid on a transatlantic steamer, the following points will be found of value. There is the least motion amidship, but here, generally, we find the boilers located, and they are apt to overheat and lend their oily smell to the state-room. Dividing the length of the ship into thirds, the forward portion of the stern third, or the stern end of the bow third, will generally be found most desirable. A room on a level with the main saloon is better ventilated and easier of access than those below. Where money is not an object, securing the captain's cabin on the main deck is, in summer, a luxury and an aid to the invalid. It is too cold for winter passages. The first and second officers have roomy apartments on large steamers, which they will vacate for a consideration. Avoid state-rooms next to water closets or stairways. I have yet to meet a ship surgeon who did not impress me as a man of good sense, and amply competent to give all needful care to those under his charge. They have every essential in the shape of drug and surgical appliance.

The advantage of a vessel over a railroad car, as far as avoidance of dust, jarring, and more or less cramped posture, are concerned, is obvious. Should it be necessary to make a long journey by rail, as from the Atlantic seaboard to Colorado or California, it should be made, could the patient stand it, without a break. If it has to be broken, do it as seldom as possible. The transfer in the damp of evening, the jolting in omnibuses to the cheerless rooms of strange hotels, and the early morning departure, are more wearing than continuous journeying in parlor and sleeping car.

A well-filled and constantly replenished lunch basket is an essential for long railroad journeys. So provided, a patient can get an abundant meal, at regular hours, with ample time to eat it, and he avoids the hasty and ofttimes indigestible repasts provided by railroad restaurants. Moreover, it is often the case that a train is delayed for many hours between stations, or, if behind time, often rushes by the prescribed place for meals without a stop. The many useful prepared foods, such as potted meats, concentrated soups (made in a few minutes by the addition of hot water), and the various beef teas and extracts (Valentine's is made with cold water), make it easy for much and wholesome nourishment to be carried in small compass. There are also three or four very useful little cooking lamps, fitted into boxes not over four inches square by two deep, over which an egg can be boiled or a cup of tea made while the train goes rushing along. A look through a modern city drug store will show many little conveniences for an invalid on his travels.

THE SEA.

I believe a sea voyage, not shorter than three months from port to port, and continued for a year, to be the grand therapeutic remedy for consumption. There are doubtless cases sent to sea, under the most favorable auspices, that decline from the first. But wouldn't they on land, anywhere? Remember, the disease to be dealt with. What a hold it gets before one is aware of it; how it raises false hopes almost in proportion to its gravity; and how every little attack of cold or fever, unheeded in ordinary times, are direct and ofttimes deadly reinforcements to it.

The same judgment is necessary in sending a patient on a long sea voyage as in sending him to any climatic resort on land. If the hand of death is surely upon him, as evinced by one or more large cavities, much bronchial affection, hectic, sweats, emaciation, feebleness, and loss of appetite, let the patient's soul go to Him who gave it amid the comforts of home and the presence of those most loved. But when there is a chance of change doing good, let the patient have it. As the law supposes every accused man innocent until proved guilty, so medicine should, at least, regard a man alive, and with life's chances, until he is dead. There is no doubt that a doctor's sentence—you cannot get well—pronounced with due solemnity, often makes a man stop trying to live, and strive with equal effort to die. The possession of pluck by a patient is a help in the treatment that can be estimated only by those who have suffered from the disease. It is tonic, antispasmodic, antipyretic, curative.

A good state-room in a large sailing vessel offers the best chance for the invalid at sea. Few, out-

side of those who follow the sea, are aware how commodiously and comfortably the cabins of many sailing vessels are fitted up. Of course reference is made, not to coasting craft, but to those which sail to distant seas and countries. Many ship-masters carry their families with them, and the ship cabin often boasts a fine melodeon or piano and a well-stocked library. The state-rooms are fitted up in hard woods, and a general attention paid to the comfort of the inmates that must be partaken of to be appreciated. On such a vessel there is absence of overcrowding, smell and heat from engines, and the patient is kept longer at sea, between ports, than if he were on a steamer. Moreover, there is an exhilaration in running before a strong breeze, over a regularly undulating sea, and under a clear sky, that is not found on a steamer. The great advantage possessed by a steamer is its non-liability to become becalmed, and hence, in the hottest seas, by pushing ahead, it generates more or less breeze. A becalmed vessel, under a tropical or sub-tropical sun, becomes not only irksome, but uncomfortable to the traveler.

Finally, while a steamer offers greater chance of companionship and amusement, generated from numbers, a sailing vessel is better for sport, fishing, etc., and for studying the wonders of the deep.

"The principal difference between sea and land climate rests on the difference of the substratum—sea instead of land. In consequence of this sameness, the sea climate is more equable than the land climate. Between 50° and 40° north latitude, on the continents of Europe and America, one will find great variety of climate; whilst at sea, sailing through these latitudes does not bring any remarkable difference, if those *sudden changes* which occur anywhere and everywhere be excepted. The boundary between the temperate and sub-tropical zone of the Atlantic Ocean, both north and south of the equator, may be placed at about 35° of latitude. The *trade weather*, within the region of the northeast and southeast trade wind, is the most perfect climate on earth, clearer, brighter, richer in splendid colors and glorious tints than anything we have in our warm latitudes.

"A heavy dewfall, with sharp breeze, sets in about an hour before sunset, and continues for some time after it. This the patient should be careful to avoid. The mean daily temperature at sea in the tropics, within 10° north and 10° south of the equator, is from 80° to 85° Fahr." (Taken in the months of October, May, April and November. Patients would not sail tropical seas in mid-summer.) The paragraph which I have quoted above is from the first of a series of articles in the *Practitioner*, on the influence of sea voyages in consumption, by C. Faber, M. D., of London. His experience is based on two voyages as medical officer, the first, of three and a half months, to South America in a mail steamer; the second, of eight months and a half, round the world, *via* Australia, in a sailing vessel.

My own experience of the sea has been limited to twice crossing the Mediterranean (Marseilles to Algiers), a half dozen times across the Atlantic (New York to Liverpool), and a trip each to Bermuda and Cuba. These voyages have all been short, the longest not exceeding twelve days, and yet they were long enough to enable me to observe the almost universal benefit the sea conferred upon health. Occasionally you meet one of those prolonged cases of sea-sickness that so enfeebles and emaciates even a well person as to incapacitate him from walking off the ship at the end of the journey. If such a person ever became the subject of disease, previous experience of the sea would almost seem to contra-indicate sea-voyaging as a means of treatment. Fortunately, such cases are rare. In the march of medical improvement we shall undoubtedly see the time when floating sanitaria, suitably manned and equipped for sea-voyaging, will be as popular as their fixed counterparts on land. Those who have the means make long cruises in their private yachts for health; and if a half dozen invalids would club together, they could hire a staunch sailing vessel, with a good master and crew, and cruise among the West Indies or in the Mediterranean for the winter. The expense per capita would not exceed traveling by land for the same time. A favorate English journey for invalids is to go by sailing vessel to Australia, leaving England in October. The return is made in the spring, and the intervening time passed in the "bush" of Australia. In these days of universal intercommunication by sea there is no trouble in arranging a voyage to go anywhere, or to occupy any required time.

Saranac Lake, N. Y.

The Duty on Quinine.

ED. MED. AND SURG. REPORTER:—

In view of the recent advance in the price of quinine, I propose to physicians throughout the country that we all unite in petitioning Congress to abolish the duty of fifteen per cent. now paid on this article. During the war we submitted with more or less patience to this odious tax. Now, it cannot be that the country is so poor that it must derive revenue from a tax on a sick man's medicine.

Our business is necessarily a credit business, with no choice of customers. It is, therefore, for our interest that as large a proportion as possible of the people should be able to pay us for our services. The fact is undeniable that ever since 1860 the rich have been growing richer, and the poor poorer, as never before in the history of our country. As physicians we are deeply interested in arresting this increase of pauperism, and this concentration of so much of the wealth of the country in so few hands. While we ourselves ask for the abolition of all taxes on medicines, let us circulate among all classes a petition asking that the taxes on imports be so reduced that with the revenue from liquors and tobacco they shall

only equal the ordinary current expenses of the government, and that the remainder of the war debt be paid by a direct tax upon incomes and upon accumulated property; exempting incomes of less than $1000 per year, and all estates of less than $5000, and graduating the tax so that each additional $10,000 of income, and each additional $100,000 of property, should be taxed a higher rate than the preceding $10,000 and $100,000 respectively.

SUMNER RHOADES, M.D.

Syracuse, N. Y., November 21st, 1876.

NEWS AND MISCELLANY.

Vital Statistics.

At the close of the last year the number of inhabitants in Italy was found to be 27,482,174, The number of deaths during the year 1875 was 842,161, and the number of births was 1,035,577. The excess of births over deaths is almost 200,000, showing a much better ratio than in France.

Germany grows faster than any country in Europe except Great Britain. It now has 42,726,844 people, and has been sixty years in doubling. The greatest increase was in Saxony. There is an excess of 362,730 females over males.

Health of Texas.

Dr. A. R. Kilpatrick, of Texas, writes us:—There has been quite an epidemic of dysentery, or flux, in this county and other adjacent counties of Texas, during the summer and fall, several cases proving fatal. No epidemic yellow fever in any part of Texas this year, but some sporadic cases in Houston and Galveston, though denied by some physicians. Cases of *Hæmaturia Miasmatica* are reported from all the southern and southeastern counties.

Personal.

—The opinion of cinchonidia taken from the Kentucky State Medical Society *Transactions*, on p. 432, current volume, should have been credited to Dr. D. Johnston instead of Dr. Larrabee.

—Dr. Dougal, the oldest settler of Butler, Pa., and who is now ninety-eighty years old, has selected a place in Summit township, three miles from Butler, where he wishes to be buried. He was taken there, after casting his vote, last month, to make the selection. Being very feeble, he was carried there on a bed.

—Dr. F. Julius Le Moyne, of Washington, Pa., has erected a furnace, and is to "cremate" the late Joseph Henry Louis, Baron de Palm, on the 6th instant. It is believed that the occasion will draw a very large number of highly competent and influential scientific observers. Addresses appropriate to the occasion will be delivered.

Spiritualism and Insanity.

The statement is credited to Dr. Forbes Winslow, that there are over 10,000 persons of unsound mind confined in lunatic asylums in the United States, driven mad from over-excitement by Spiritualism; Dr. Winslow adds that insanity from this cause is now very prevalent in England, and is increasing. It is high time that medical men set to work to expose this imposture. Dr. Hammond's book on the subject is in the right spirit.

A Vaccine Case.

An extremely convenient vaccine case of hard rubber has been devised by the Case Record Co., Cincinnati. After having used it several months, we can speak of it confidently as handy, well made, and economical, as by its better preservation of the virus, it soon pays for itself. Price $1.50

Items.

—Coloring poisons have been freely used in making wines abroad, and in a short time a remarkable case will be brought before the court in France, an ex-minister having brought an action against his wine merchant, who nearly poisoned him and his wife.

—The Russian army, on January 1, had 2102 surgeons, 250 apothecaries, 6887 assistant surgeons, and 173 veterinary surgeons. This gives one surgeon for every 407 men, one apothecary for every 3454 men, and one assistant surgeon for every 161 men.

—The late M. Ste. Claire Deville was one day discussing the question of the advance of knowledge with a famous anatomist. "After all," he said, "you have made great advances, but don't you think that you are very much like the hackmen, who know all the streets, but haven't the remotest idea of what is going on in the houses?"

OBITUARY.

RICHARD HARRISON, M. D.,

Died at Waco, Texas, November 1st, aged 55 years. He was born in Alabama. After graduating in medicine, he practiced in Aberdeen, Miss. He served in the State Legislature; served in the Confederate army, and attained the rank of Colonel. Settled in Waco, Texas, in 1866, and was for many years a member of the Baptist Church. He was a prominent and useful citizen.

MARRIAGES.

GOVAN—DANCY.—On Wednesday, November 23d, at the residence of the bride's father, by the Rev. I. T. Picket, Mr. E. P. Govan, of Arkansas, and Miss Cornelia A. Dancy, daughter of Dr. F. W. Dancy, of Holly Springs, Miss.

DEATHS.

JACOBS.—At Coal Valley, Illinois, on the 16th instant, Mary G. Jacobs, wife of Theodore Jacobs, M. D, and daughter of John Potts, formerly of Norristown, Pa., in the thirty-fifth year of her age.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

ELECTRO-THERAPEUTICS.

An Abstract of a Lecture delivered at the Philadelphia School of Anatomy and Surgery.

On the Scope and Importance of Electro-Therapeutics, and on the Causes of Failure in Electro-Therapeutics.

BY CHARLES K. MILLS, M.D., PH.D.,

Lecturer on Electro-Therapeutics and Nervous Diseases in the Philadelphia School of Anatomy and Surgery; President of the Northern Medical Association of Philadelphia.

REPORTED BY GEORGE J. CLUNAS.

Gentlemen:—Electro-therapeutics is that branch of the science and art of medicine which discusses the use of electricity in the treatment of disease. Much difference of opinion exists in the profession as to its scope and importance. While some laud electricity to the skies as a therapeutic resource, others would consign it to disgrace and oblivion, or would only allow it an intermediate and indifferent position. In this instance, as in so many others, the extremists on both sides are at fault. The field of medical electricity has its limits, which are every day becoming more and more clearly defined; but they are not quite so narrow as many skeptics and cynics suppose. In looking at the subject, we should, on the one hand, avoid over-enthusiasm, which, as has been well said, in science often means death; but, on the other, we should as carefully eschew *unhealthy* skepticism, which is equally deadly, although the poison flows through an opposite channel. Electricity is not a specific; it is not a universal panacea, and he who heralds it as such should be branded as a charlatan; but while this is true, it nevertheless has a therapeutic value, which is positive and should not be disregarded. As high an authority as Professor Erb, of Heidelberg, says that it has recently become the most important remedy in the treatment of neuralgia, from the brilliant success that has attended its application in all the different forms of the disease. Dr. Anstie, of London, the distinguished neuro-pathologist and therapeutist, whose right to an opinion on this matter no one will be likely to gainsay, speaks with the greatest assurance of its value as a remedy for neuralgic pain. He says also that nothing but the general ignorance of the facts can account for the extraordinary supineness of the mass of English practitioners with regard to this question.

Electricity is of especial value in the diagnosis, prognosis and treatment of affections of the nervous system.

As some of those who oppose its claims to a place in medicine have been disappointed in its use, or have witnessed its want of success in the hands of others, and hence are honest in their convictions, it will perhaps be well for us, at the very outset of our course, to consider some of the most prominent causes of failure in electro-therapeutics.

Let us look for a moment at a common incident, to illustrate the frequent procedure of the general practitioner with reference to medical batteries. He reads the report of a brilliant cure or two wrought by electricity in some quarter; or procures and hastily scans the pages of

a new work on electro-therapeutics; or, it may be, falls upon and devours the glowing testimonials of some galvanic manufacturing company's catalogue, and forthwith sends for what he conceives to be the latest improved form of electrical apparatus, with which he proposes to banish all the ills to which the flesh of his neighborhood is heir.

At first, perhaps, all goes "merry as a marriage-bell;" wonderful results are achieved in some instances of aphonia, radial palsy, or neuralgia; a few hysterical females are renovated, temporarily at least, by the magic machine. Soon, however, signs of a change are visible. Cases present themselves which will not respond so promptly to the electrical treatment. The apparatus ceases its hum, and the confidence of the physician in its powers vanishes.

Let us inquire into some of the reasons for such an unfortunate experience.

One cause of failure is to be sought for in the imperfect instruments of the practitioner. Many of these are clumsy, inefficient, and easily get out of order. The cabinet work may be of unseasoned wood, or badly finished.

The accessory appliances are also sources of failure; for instance, the conducting cords may be imperfect.

The annoyances and failures which spring from the apparatus are not always to be laid at the door of the manufacturer. Electrical, like other tools, need to be cared for and watched over with the same solicitude with which an old lady looks after her work-box. Everything about the electric machine should be kept scrupulously neat and clean, and care and thoughtfulness should be exercised in its management.

In the great majority of cases, faradic, or electro-magnetic machines, which are cheaper and more portable than the galvanic with many cells, are the only kinds possessed and employed by the general practitioner. As the true galvanic current (that which is derived directly from the cells of a battery) is, in some instances, decidedly superior to the faradic, a prolific source of error and failure is to be found in the fact that the practitioner does not make use of both forms of apparatus. Instruments for galvanization may never be quite as convenient, portable and cheap as those for faradization, but such improvements, in these respects, have been and are being made, that the physician who turns to electricity at all has but little excuse for not procuring both. He should, at least, have sufficient information and discretion to know when *not* to use his faradic apparatus.

The badly educated specialist, or semi-specialist, who possesses both, may sometimes make the mistake of employing galvanization for faradization; but, as I have just stated, the general practitioner, in nine cases out of ten, will probably err in the other direction.

The manufacturers and venders of electro-medical machines have, in some instances, done injury to the cause of electro-therapeutics, and indirectly have been to blame for failures in practice, by claiming too much for the wares which they have put into the market. Physicians, finding that these exorbitant claims cannot be substantiated, will not give the instruments which they have purchased a full and fair trial.

Magneto-electric, or rotary, machines (those in which a coil is, by means of a crank, made to revolve rapidly, in close proximity to a permanent magnet) are used to no inconsiderable extent, and without discrimination, by the profession and the people at large. Although magneto-electricity, which is really one form of induction, has its limited therapeutic uses, and may, when improved instruments have been constructed, take a prominent place in electric medicine, yet, with our present knowledge, it is not to be generally recommended. The current which is afforded by the magneto-electric instruments now sold is not smooth enough, nor is it sufficiently under control, to be advised in most of the cases in which electricity is of service.

Leaving, however, the apparatus, let us extend further our inquiries as to the sources of failure and discouragement in electro-therapeutics. Many of these are the same as, or similar to, those which act to produce ill success and disappointment in every department of medicine. Errors of diagnosis may here, as in other quarters, lead to improper, and even injurious, treatment. Want of a general understanding of disease may be the source of bad or negative results. Local affections may be treated generally, or, what is perhaps more common, as Beard and Rockwell have pointed out, morbid constitutional conditions, such as hysteria, anæmia, and the like, which demand systemic remedies, may be treated electrically only.

A poor preliminary medical education is sometimes the difficulty. Those who do not know their anatomy reasonably well cannot pick out the proper nerves and muscles to which to make applications; if their physiology is at fault, they cannot, with judgment, attempt to restore lost or impaired functions. The physiological effects of electricity are scarcely understood at all; and many physicians are sadly deficient in their knowledge of physics, a department of science in which they should at least have a fair education.

Many have not the patience to treat cases which require the monotonous application of the same remedy day after day. It is much easier to sit in one's chair, ask a few questions, write a prescription or two, and bow a patient out, than it is carefully and conscientiously to apply a current ten, fifteen, twenty, or more minutes. A slip-shod or unsatisfactory séance is often worse than none. Perseverance on the part of physicians is also necessary, but often wanting. Good results cannot always be obtained in a short time, or from a few applications. In some cases, which have eventually recovered, I have even, at first, seen temporary aggravation of the disorder. This is now and then noticed in neuralgic affections. In infantile palsy, too, the progress of improvement is often slow and tedious.

Again, many of those who come to the office of the medical electrician, or to the hospital clinics, for nervous diseases, where electricity is most in vogue, seem to expect the immediate performance of a miracle of healing; and if their anticipations are not realized, soon leave, disconsolate or disgusted.

Electricity is often used alone when it should be employed in conjunction with other remedies. "I am quite satisfied," says Althaus, "that some affections of the nervous system can be cured by electricity alone; but in the majority of cases a simultaneous internal treatment is of the greatest importance, and should not be neglected if we wish to increase the chances of success."

I agree with Dr. Brinton, who, in a recent editorial in the MEDICAL AND SURGICAL REPORTER, says, "It is no test of the value of electricity to put a patient on the regular text-book treatment for his complaint, *plus* the electric currents, and attribute his recovery principally to the latter;" but, on the other hand, it is not fair to detract from the credit due to electricity in those cases in which it does good when conjoined with internal remedies, but in which neither one nor the other would be efficacious alone.

The fact that electricity is often the last resort, the forlorn hope, is another reason for want of success. If a patient really need this agent, it should be used as early as possible. It happens not infrequently that a case comes, or is brought, to the electrician with the remark, "Doctor, we have tried almost everything but electricity, without success, and have now concluded to give it a trial." It is not surprising that, under such circumstances, the physician occasionally, or even often, fails to afford relief.

COMMUNICATIONS.

A CASE OF OVARIOTOMY.

BY E. Y. CHASE, M. D.,
Of Salem, Oregon.

July 1st, 1876.—Mrs. O. F. Knox, a lady twenty-six years of age, the wife of a farmer, near Cottage Grove, Linn county, Oregon, was submitted to me for operation and treatment, by her attending physician, Dr. J. C. Shelton, of Salem, who had made the diagnosis of her case as ovarian tumor.

The history given was as follows: She was the mother of two children, aged respectively two years and ten months. Previously to her last confinement she had enjoyed excellent health, and was regular in her habits and functions of life. Her ordinary weight was 130 pounds. There was nothing peculiar about her last confinement, and it was not until a fortnight thereafter that anything abnormal was suspected; then she found that her size did not decrease as it should do, but, on the contrary, she was becoming larger, although at that time she had no pain nor discomfort; she thought she was getting fat. But after a few weeks she began to have sharp spasmodic pains in her right groin, which gradually diminished in intensity, and finally ceased altogether, the tumor still increasing in size, although painless.

On her arrival at Salem I took charge of the case, and a careful examination revealed the following conditions: She was hopeful, and anxious to have something done for her relief; physical condition in general, good; weight,

165 pounds; complexion clear and ruddy; body rather fleshy; lower extremities somewhat œdematous; cannot stand long upon her feet; temperature normal; heart's action and respiration labored; no eruptions nor glandular enlargements; bowels costive; appetite and digestion good; sleep disturbed; cannot rest well in the recumbent position; menstrual discharge more profuse than normal, with periods of excessive and irregular frequency; urinary secretion normal in quantity, but containing uric acid and urates in excess; bladder irritable, and micturition much too frequent. The whole of the abdominal cavity was occupied by a large movable, nodulated tumor, which gave no evidence of adhesions. The uterus was movable, independent of the tumor, by a sound introduced into its cavity. Tension of the abdominal walls was very great, but they glided freely over the tumor; the veins of the skin over the tumor were somewhat varicose, but there were no lineæ albicantes. Fluctuation on the right side, and crepitus above the navel; no tenderness at any point, but dullness upon percussion over the whole abdomen, excepting low down in the right inguinal space, where the percussion note was clear and sonorous; location of the dullness not changed by change of bodily position; uterus displaced to the left side; depth of its cavity three inches; os œdematous and congested, with pouching of Douglas' cul de sac, which evidently contained fluid.

Measurements.—Around the waist, 30½ inches; around the level of the navel, 37½ inches; from ensiform cartilage to umbilicus, 8 inches; from umbilicus to symphisis pubis, 7 inches; from same to right ant. sup. spin. process of ilium, 7½ inches; from same to left ant. sup. spin, process of ilium, 8 inches. It was diagnosed as a polycystic, non-adherent tumor of the right ovary. The diagnosis was clear, and was fully verified by the subsequent operation.

After due consultation with other physicians, who confirmed my diagnosis, it was decided to operate, which was done on the 14th day of July. On the morning of this day I made another careful examination. (I had previously scarified the os uteri, to relieve the congestion; had relieved the bowels by laxatives, and had secured a free elimination of urea by the use of elixir lithiæ citratis). I found her size around the navel had increased to 40 inches, showing an enlargement, in two weeks, of 2½ inches.

Everything being considered favorable, in the afternoon she was placed upon the operating table, and with the aid of Drs. Fiske, Carpenter, Reynolds, and Jessup, all of Salem, I proceeded to perform the operation of ovariotomy, as follows:—I made an incision, five inches long, through the linea alba, extending from the navel to within one and a half inches of the symphisis pubis, down to the peritoneum, and after all oozing of blood had ceased, made a small opening in the peritoneum, through which I passed a curved steel sound, which I swept all around the tumor, excepting on the right side, which was the locality of the pedicle, and one point one inch to the left, and a little above the navel, where there was a band of adhesion, about an inch long and half an inch broad. The feasibility of removing the whole tumor being thus made apparent, I slit open the peritoneum to the whole extent of the external wound, using blunt-pointed scissors, well guarded below with my fingers; I then more fully explored the cavity of the abdomen by introducing my whole hand. The tumor was surrounded by ascitic fluid and bulged freely into the wound. I then plunged into it a large Spencer Wells trocar, with tube attached, and successively punctured cyst after cyst, withdrawing a dark thick fluid, the estimated quantity of which was three gallons (a portion of it ran upon the floor). When the cyst was sufficiently collapsed, it was seized with a Fitch's cyst forceps, and with considerable difficulty withdrawn through the wound; the single adhesion being tied with silk and cut when it appeared (the end of this ligature was left long and brought out of the wound). The pedicle was three inches long and two broad; it was tied in two parts by a double silk ligature (each composed of five strings of saddler's silk, well waxed but not twisted). The pedicle was then cut and tumor removed. In order that I might be enabled to remove these ligatures at any time, I used the instrument devised by Dr. Peaslee; he calls it "his knife and shield." The shield is similar to the sheath of a dirk, but is perforated through its sides with holes; through these the ligatures are passed, and also through the centre of the pedicle; then both sides of the pedicle are tied, thus leaving the silver shield attached, with the ligatures through it; the ends of the thread and open end of the shield being brought out of the wound, it becomes possible at any time to cut

the threads and remove both them and the shield, by inserting the knife in the shield, thus leaving the stump of the pedicle *in situ*. After carefully examining the left ovary, and finding it healthy, and sponging, in the most thorough manner, the cavity of the abdomen, the wound was closed by interrupted sutures of silk, these being introduced half an inch apart, one inch from the edges of the wound, and carefully including the peritoneum. The end of the silver shield was secured in the lower angle of the wound, by passing through its upper holes and the sides of the wound an acupressure needle; by the side of this passed out the ligatures of the pedicle and of the single adhesion. The lax abdomen, and edges of the wound were supported by adhesive straps passed entirely around the body; the patient, allowed to recover from the anæsthesia, was given one-fourth grain morphiæ sulphas, with a hypodermic syringe, and was put to bed. She rallied well. Not to exceed half an ounce of blood had been lost. The time occupied in removing the tumor was about forty minutes, and, including the closing and dressing of the wound, a little over an hour, during which time she was under the influence of chloroform.

The case progressed nicely after the operation; there was the usual amount of nausea consequent upon the long anæsthesia, and considerable prostration, due to shock. Her bowels were kept quiet for about a week by opiates; the urine drawn every six hours, with a catheter, and free secretion from the kidneys secured by the administration of citrate of lithia. She was fed chiefly with milk and milk porridge, and only once or twice within ten days did the temperature rise above 100°, and then only for a short time. The silver shield and ligatures of the pedicle were removed ninety hours after the operation (this was done by inserting the knife into the shield); the wound healed by first intention, the stitches being all out by the end of a week. The ligature which tied the adhesion came away on the fourteenth day. Septic fever was but moderate at any time, although she was somewhat delirious for two or three days. Convalescence was uninterrupted, and within a month she went home entirely well. All uterine difficulty has subsided; her menses returned two months after the operation, and at this date (November 5th) she is enjoying perfect health.

After removal, the estimated weight of the tumor was thirty-five pounds, that of the solid portion being eleven pounds. It was made up of enlarged ovary, many small, and some large cysts, the walls of the latter being very thin, and showing evidence of previous inflammation. I afterward regretted that I did not make a little longer incision, for the tumor was so large that we had some difficulty in extracting it, and probably bruised the edges of the wound, for we had some inflammation of the cellular tissue, and the formation of an abscess in the track of the wound; this, however, did not cause much trouble; it discharged about an ounce of pus, and the process of repair was not seriously impeded.

There are one or two practical points in regard to this case that are worth notice. I must confess that, notwithstanding the experience of those who have tried that plan, I don't like the idea of leaving a foreign substance (as, for instance, a silk ligature) in the abdominal cavity, and neither would I choose to keep the abdominal wound open for a time sufficient for a ligature to come away from the pedicle, the end of the ligature being brought out of the wound. I would also avoid the tension that there must be upon the uterus when the pedicle is secured outside the body by the clamp.

The contrivance of Dr. Peaslee, when the pedicle is not too broad, and can be secured in two parts, seems to leave nothing to be desired. In the first place, it secures drainage for two or three days, so that we can feel sure that no liquids are pent up to become putrid; and when the ligatures and shield are removed, the pedicle is left in its proper place, and the wound free from extraneous material. Another point: the presence in the wound, for two weeks, of the ligature which secured the adhesion, was a great source of annoyance, as it kept the wound open, and caused some purulent discharge. This was entirely unnecessary. The course I should pursue in a similar case would be to double a silk ligature upon itself, thread the free ends through a straight needle, pass this from within outward, through the abdominal wall, catching the loop of the thread over the cut end of the adhesive band, drawing it tight, and tying over a quill outside; thus the bleeding vessels would be firmly pressed against the inner wall, and the ligature could be removed at any time, by cutting one end and drawing it out. In this case, it could have been thus withdrawn in twenty-four hours,

with perfect safety, as the bleeding vessels were very small.

In conclusion, I wish to render thanks to the medical gentlemen who so kindly and ably assisted in this most formidable and dangerous operation; to that assistance, and their subsequent advice, is, in a large measure, due the successful issue of the case.

A CASE OF EMPYEMA TREATED BY FREE INCISION.

Reported by C. C. SCHUYLER, M. D., Physician to Troy Orphan Asylum, Assistant Surgeon to Troy Hospital, New York.

In September, 1875, I accompanied Dr. McLean, of this city, to Johnsonville, N. Y., to see, in council with Dr. Johnson, a young man said to be suffering from chronic pleurisy. He had been under treatment since March, 1875; had been ill for three weeks previous to that date, without medical attendance. At this date, September 17th, the patient had a constant cough, with muco purulent expectoration, hectic fever, and a pulse at 160. When he attempted to speak, his sentences were uttered in a broken and interrupted manner. The affected side was much enlarged, and there was bulging of the intercostal spaces. There was almost entire absence of respiratory sounds. The heart was displaced to the right, the apex beat being noticed a little below and to the left of the right nipple.

He was very much emaciated and debilitated; could not lie upon his back; was in a semi-recumbent position, supported by pillows. The diagnosis of fluid in the pleural cavity was readily made, and thoracentesis decided upon. Dieulafoy's large aspirator was used. The needle was introduced between the seventh and eighth ribs, near the junction of the infra-mammary and infra-axillary regions, and one hundred and twenty-eight ounces of purulent fluid withdrawn, greatly to the relief of the patient. Nothing more was done until the 28th, eleven days after, when we again visited him, and prepared to establish drainage. There was not much improvement in his condition at this time. Chloroform was administered and an incision one inch long made in the eighth intercostal space, near the point where the needle had entered, and a tracheotomy tube of ordinary size introduced, permitting the escape of sixty-two ounces of fluid of a character like that previously removed.

This procedure was followed by a violent fit of coughing, with dyspnœa, which lasted for some minutes. He soon rallied, and was able to assume a recumbent position, for the first time in three months. The tube was then closed with a cork and secured by adhesive plaster, and a tape passed around the body. Tonic remedies, with a nutritious diet and a moderate amount of stimulants, were ordered, and the case left to the care of Dr. Johnson. For three weeks following the introduction of the tube about one half pint of fluid was drawn daily. After the fourth week the discharge was very slight.

Dec. 1st. The discharge having ceased, the tube was removed. The wound closed in a few days. The tube did not at any time, by its presence, occasion material suffering. *No injections for cleansing the cavity were used.*

It may be of interest to note the manner in which the introduction of air was prevented when the cork was removed each day. The patient was directed to take a full inspiration, and when this was done, to raise his hand as a signal for the removal of the cork, lowering it as a signal to close the tube, when he could abstain from breathing no longer. After a rest of a few moments this would be repeated.

Feb. 30th. I again saw the patient. He was walking about the house, and was changed so in appearance, for the better, that I failed to recognize him. His weight was, by two pounds, greater than it had been at any time previous to his sickness.

I found, by measurement, that there was a difference of one inch in circumference in favor of right lung. There was well-marked dullness over lower portion of left lung, with entire absence of respiratory sounds. The upper portion was in an apparently healthy condition. The heart had resumed its normal position. Pulse 98; respiration 20; temperature 99¾°.

Since my last visit I have learned, indirectly, that the improvement was constant, and that he now enjoys excellent health.

As to injections in these cases, after establishing drainage, Prof. Berkeley Hill, of University College Hospital, after long experience, says: "When there is stinking pus and a septic fever, an effective drain quickly clears off the putrid matter, and the fever subsides rapidly. Astringent or antiseptic solutions, of all kinds, are not wanted, and either annoy or hurt the patient." The result in this case, an

extreme one, certainly confirms what I have quoted. In regard to wounding the intercostal vessels, he states that it is a bugbear only to the theorist; in practice it does not occur.

As to the use of anæsthetics, chloroform seems to be preferable, death, as far as I can ascertain, never having followed its use in these cases. Not so as regards ether. Prof. Hill records five deaths following its administration.

The question as to the appropriate time for operating is an important one. Writers are not agreed upon the subject; certainly nothing is lost by waiting until we are satisfied that the efforts of nature are insufficient to effect a cure. The plan followed in this case, after deciding to operate, seems to be a good one, *i. e.*, that of removing the fluid first, by the aspirator, and giving immediate relief, for the patient at once improves up to a certain point, which is reached, usually, at the end of a week or ten days; then, as soon as such improvement ceases, and it is evident that pus is again accumulating, to operate by free incision.

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK, NOVEMBER 22D, 1876.

CLINICAL LECTURE BY PROFESSOR LEWIS A. SAYRE, M. D.

Reported Phonographically by NELSON W. CADY, Student.

Disarticulation of Knee-joint, Luxated Backward in Consequence of Chronic Inflammation, etc.

CASE 1.—Mary Cashen, aged twelve years, resides in First street, New York. The patient's friends state that when she was seven years of age she fell from a sofa, striking on her left knee, which accident was immediately followed by a severe inflammation of that joint. It swelled immensely, and in a few months became much distorted and the leg contracted, when she was taken to Dr. Knight's Hospital, on Forty-second street, where she was treated for a long time by liniments, plasters, etc., but no extension was ever applied to it to prevent its muscular contraction. She was afterward taken to the Woman's Hospital, where a female surgeon divided the tendons, but was not successful in straightening the leg. Abscesses formed in and around the joint, opening in various positions, as you see by the different, numerous cicatrices around the limb, both above the knee, over the patella, and several more of them, as you observe, down the leg, some inches below the calf, and on the lower third of the tibia, through which a probe passes, but does not come in contact with dead bone, with the single exception of the sinus over the patella. You see the leg in its present position as she lies on the table before you. I have not yet administered the anæsthetic, for the reason that there are several important points to which I wish to draw your attention. You observe that the position of the leg corresponds exactly to the drawings and the various plaster models that I have shown you in my lectures on chronic diseases of the knee-joint.

Here is a curious case, showing the principles that I have already laid down to you as of universal application in the treatment of all diseases of the joints, namely, extension and counter-extension, for the purpose of overcoming reflex muscular contraction. I suppose you think that I am always *dinging* on the same subject; but you will acknowledge that you cannot have it dinged into your head too often, when you see such results as this every day brought before us. If it had been dinged into the heads of practitioners years ago, it would have saved those deformities which are daily presented to us. Remember, now and forever, that in all diseased joints, no matter what joint—ankle, knee, hip, back, any joint—one of the necessary results of all inflammation is reflex muscular contraction; and that the muscles, in their contraction, distort and disfigure the limb in one way and another, according to the strength and power of the muscles involved in the contraction; that the muscles, distorting the limb one way or another, according to their strength, guide the deformity according to their superior capacity for contraction. That is all that there is about it. Besides the distortion so caused, the muscles, by this very compression and contraction, compel the parts to be pressed together more than they should be, and the constant, continued pressure on the parts interferes with the normal circulation of the blood in these parts, and absorption takes place as a consequence of the pressure. Consequently, the bones that are being thus brought together firmly, on account of muscular contraction, are absorbed more rapidly at the point of pressure than at any other point. This is the principal means of causing the bone's displacement. In this particular case, the knee is completely luxated backward, and rotated outward. In every one of these old chronically diseased knees you find the subluxation with the external rotation which you see in this case. The reason why it is rotated outwardly is on account of the constant contraction of the biceps muscle, which, having only one single point of action, is externally pressing at one particular spot, and absorption takes place more rapidly than on the inner side, although on the inner side there are four muscles acting continuously. Yet, as they have different points of attachment, the points of pressure are changed. Thus the parts never become so continuously irritated as if the pressure were persistent, or on one particular spot.

At least, that is the only way I can account for this form of rotation.

In this case you will observe that in consequence of the long continuance of the disease, and the subsequent absorption of long tissue, the luxation is made complete instead of being partial, as is usual in most cases.

In the treatment of these cases, no matter what your constitutional treatment is, if you believe that the child is poisoned by some constitutional taint, get it out of the child; there are a dozen ways, but your local treatment is necessary. The indication in all diseases of the joint is to overcome the tendency to contraction by extension and counter-extension. If the patient gets well, he will get well with a useful limb. Neglect this treatment, and the result will be a useless limb, as you see here.

In our patient, as she is before you now, you see that there are several sinuses on the thigh and over and beyond the knee, some three or four inches down on the tibia, through which the probe passes with great readiness. The flexible probe passes up the thigh beyond the popliteal space, and escapes some three or four inches up in the knee. One opening in the patella passes down to diseased bone. Through this opening, she says, some carious bone escaped, and there is still some necrosis going on, but not to any great extent. Water injected into any one of these sinuses escapes from the others, showing that they connect; but only the one through the patella leads to dead bone.

Now, if this little child had been operated on in proper time, it would be perfectly justifiable to exsect this knee-joint. But the leg is so much shorter than the other that if I exsected it, I should only make her a little short leg, five or six inches shorter than the other. She might have some sort of an artificial foot constructed, but to keep such a foot in repair would cost more money than she can command. Without it, her mode of progression would be of the dot-and-go-one sort. But inasmuch as this girl will have to earn her own living, and as the leg is already so short, and more bone would be taken away in the operation, though she has a good foot below, I doubt very much the propriety of attempting an exsection. The next thing is amputation, and where to do it.

If there is much disease in the thigh, it will become a necessity to amputate at the thigh. It seems to me that nature has nearly cured the disease by exfoliation, and that this little discharge from the upper portion of the sinus, around the thigh, must come from the leg below; and when I press my hand upon her femur, in this manner, against the end—you see she has a good end—the patella is turned around, over the end of the condyles of the femur, in just the position to make a good stump; and if it was perfectly healthy, as a matter of course, this would be the best thing to do. If no dead bone exists in the femur, I think a stump can be formed with little trouble. I press with firmness upon the patella, and get no indication of pain. I have, therefore, made up my mind to simply disarticulate this leg from its new attachment behind the knee-joint. It is not properly an amputation at the knee-joint, because the leg is dislocated, and simply attached to the popliteal space; and when I hold the femur firmly, you can all probably see that the leg has a certain amount of motion, showing merely that fleshy attachments exist to this new articular facet. I propose to make two lateral skin flaps, turn them aside, disarticulate the leg, and bring he flaps together on the posterior side. It is barely possible that the bone may be so diseased that we shall be compelled to perform amputation higher up.

I believe the girl's chances will be bettered by simply cutting away this useless appendage. The suppuration, which is caused by the abscess burrowing in the leg, is exhausting her, and the sinuses will, of course, have a free drainage from the new opening we are going to make; then they will close up.

Dr. Minor asks me why I do not exsect this knee. Perhaps he did not understand me when I gave my reasons before. If she were a millionaire, as I do not think she is, she could afford to get an artificial leg, and a fancy foot to it, but it would cost too much to keep it in repair all the time. The diseased leg is already four inches shorter than the other, and to take off two inches more would leave her with a little short leg, utterly useless for locomotion without some fancy apparatus, which she cannot afford. With the stump that I propose to make she could wear a peg leg, and be enabled to earn her living, and it would be more economical for her; that is one reason; and another reason is the risk in the operation. There is always some danger in the exsection of a knee in a broken-down constitution like this: and opening the cancellous structure of bone is, of course, attended with more or less danger. In a broken-down child, with a leg fixed as hers is (she is now 12 years old, and five months sick, and pretty well used up by constant suppuration), I would feel that there is greater risk in making an exsection of the bone than I do in simply disarticulating and taking the limb away from its false attachment. These are the reasons, Doctor; are they satisfactory?

Dr. Minor—"They are."

Dr. Sayre—"Thank you."

The operation was performed by making the usual lateral skin flaps, the incisions commencing at a point slightly below the insertion of the ligamentous patellæ, anteriorly, and terminating at the popliteal space, posteriorly. The remains of the patella were luxated so far forward, and so firmly attached to the condyles of the femur, as to make an excellent end to the stump, and to cause the flaps to meet posteriorly. The posterior part of the femur, between the condyles, was found to be completely eroded, and the end of the tibia also somewhat damaged. Some difficulty was experienced in taking up the arteries, not only on account of their not spurting (Esmarch's bandage was

used in this operation), but also on account of their diminished calibre.

Dr. Sayre said of this:—

The artery tied is so very small that I have some suspicions about its being the only one there. If it is the only large artery, it is the smallest popliteal artery that I have ever seen in a child twelve years old. It is barely possible that it may be the only artery which Dr. Pell has put a string around, yet it is so small that I can hardly persuade myself that it is the main vessel.

Now, you will observe what a beautiful stump is made by this operation. There will be simply a linear cicatrix on the posterior part of the leg when the wound is healed. The attachment of the patella is not at all disturbed. It remains fastened to the end of the femur, where it has been so many years since the leg was luxated backward. I therefore leave things as they are, and bring those stitches together, and leave a little hole at the bottom part for the drainage vessels to pass through. You can all see that there is a ligature on the popliteal artery. The only way in which I can account for its extremely small size is the pressure of the leg back against it.

I now proceed to put in my stitches and draw these adhesive strips between the stitches. I always cut my adhesive strips narrow, so that they lie between the stitches and do not have to be removed. At the end of forty eight hours I take the scissors and nick the stitches, and remove them, leaving the adhesive plasters to retain the flaps in position till the recovery is perfect. This may be called, emphatically, a bloodless operation, according to Esmarch's plan, hardly ten drops of blood being lost.

Case 2.—E. K., aged twelve months. Inflammation of the knee-joint. Cause unknown. Mother noticed the leg slightly bent at the knee, backward and laterally, some four months ago.

Dr. Sayre. Four months ago, from some cause, the mother knows not what, the child's knee joint became involved, and even in this little baby you will observe that this characteristic eversion of the foot is beginning to occur. Of course, in a little plump young one like this, you cannot see the deformity so distinctly, but you can see the flexion and eversion, and the leg beginning to be turned outward.

What do you require for the purpose of rectifying these two different phases of the deformity? Simply what I am now applying, extension, and at the same time lifting the leg forward by an extending force, posteriorly; first extending the limb as you now see I am doing; and now, while I pull the leg downward, I put my hand posteriorly, and bring the leg forward, so as to overcome this tendency to sub-luxation. You see what a change I have made already in that child's leg. Now the proper thing to do for this little fellow is to apply two forces, as I have indicated, and these two forces acting in conjunction give perfect and instant relief as soon as you have made the angle of extension in exactly the right direction.

The wise reviewer of my book, in the *Archives of Clinical Surgery*, states that he cannot understand how I can ever reduce a deformed knee-joint by making the extension in the line as represented in the engraving on page 200 of my book. Well, it is simply because that wise man has not read the book with much care, or he would have certainly learned how it could be done. I tried to state as distinctly as possible, that the line of extension should be made in the particular form which gives the most perfect ease to the patient. Whether the extension is made in this, that, or the other direction, it matters not; you will soon find out the direction of extension which will give your patient the most perfect rest. You change the direction of your extension as the limb changes its position, until you get it perfectly straight at last, and then it is perfectly fit to apply the instrument, by means of which the patient is enabled to go about out of doors and exercise. I had hoped that I had made the explanation in my book perfectly clear, without the necessity of making numberless illustrations to illustrate every case that comes up. But it can all be expressed in a single sentence: The extension should be made in the line of the deformity, changing it by degrees until the limb is straightened. I hope that you will have intelligence to comprehend that.

I have not got that leg in the proper position, as you will observe. Well now, I will fix it in a cheap and economical way, by taking a newspaper and making a couple of splints out of it by folding the paper in ten or twenty thicknesses. The splints are about the length of the child's leg, and two inches broad. These I cover with adhesive plaster, sticky side out, so as to cause it to adhere to the leg. Then with a roller bandage I fasten these splints to the leg, one in front and the other behind, allowing the splints to face in as the bandage follows up the leg, so as to cause them to lie evenly. On reaching the knee I cause my assistant to make extension, then I continue the bandage the rest of the way up the limb. The plaster, you will observe, prevents slipping, and the paper splint, though very weak, has yet sufficient strength to keep up the extension. But in order to make the limb perfectly secure, I take these two strips of tin, which are roughly perforated, so as to present jagged surfaces to engage in the bandages above and below, and utterly prevent slipping; an idea which is due I believe to Dr. Flüher, formerly one of the house staff of this hospital. One such strip is placed over the limb in front and another behind, being secured by a roller bandage. So long as they are held firmly in position, and their parallelism maintained by their adhesion to the splint below and the roller bandage above, motion of the knee is impossible.

You now observe that this child's limb is straight, and at the same time I can press against his heels, moving his body without giving the slightest pain. He is, therefore, in fit condition to be carried about, getting the ad-

vantage of out-door exercise, and his leg is without the slightest degree of deformity. How long it will take for the child to recover no one can say. The after treatment must be conducted according to the necessity of the case; but the principle of extension and counter-extension is one that you must never forget.

In the contrast between these two children, you see in the one case that the limb has been rendered perfectly natural in position. Had the same principle been applied to the first case, it would have saved the necessity of that amputation, thus sacrificing a limb that would now have been useful. She would have been saved twelve years of agonizing suffering, and prostration from excessive suppuration, which she has gone through.

ST. PETER'S HOSPITAL, BROOKLYN, NEW YORK.

Reported by A. T. Bristow, M. D., Physician to the Out-door Department of St. Peter's Hospital, and late Senior Assistant Physician to the King's County Hospital.

Case of Traumatic Tetanus.

Case 1.—Thomas Dwyer, aged 10 years, was brought, by his mother, to the Out-door Department of St. Peter's Hospital, to be treated for "sore throat." The night before he had slept well, but awoke in the morning (Saturday, November 11th), complaining of sore throat and inability to open the mouth. He was seen the afternoon of the same day. His appearance was that of extreme distress; face covered with perspiration; head drawn back; thighs flexed on the pelvis, so that the walk was like that in anchylosis of the knee joints.

On attempting to examine the throat, it was found that the mouth could be opened only wide enough to admit the forefinger. An external examination showed that the soreness was not located in the throat itself, but in the sterno-mastoid muscles. These were tense and rigid, as were also the masseters of both sides. The boy being laid on a lounge, the muscular spasms relaxed, but in a few moments returned again, but not sufficiently to constitute anything more than trismus. The paroxysms in the muscles of the trunk were, as yet, merely a momentary slight stiffness or rigidity, permitting the patient to walk, yet giving rise to the peculiar gait before referred to. No injury had, as yet, been mentioned by the mother, but, on inquiry, it was found the patient had cut his thumb three days before. Accordingly, on the tip of the left thumb there was to be seen a cut half an inch long, which had healed by first intention, and then presented no unusual appearance, neither heat, redness nor swelling.

The patient was admitted to the hospital for treatment (service of Dr. Raymond). Time of entrance, four o'clock, P. M., on Saturday. Pulse 106. Temperature 99¾°. Ordered hot fomentations to the neck, and as much beef tea and milk punch as he can drink.

By six o'clock in the evening the disease fully declared itself. The spasms recurred, at first, at intervals of half an hour, but the interval decreased, until the paroxysms returned every thirty seconds, the muscles of the trunk and lower limbs being now affected, constituting a complete opisthotonos. During Saturday night the violence of the spasms was such as to throw the boy out of bed several times. Sunday morning saw no abatement of the symptoms. The temperature remained the same, 99¾°. Doses of bromide of potassium were then administered, one-half drachm every hour, but without effect. Whisky was then given in intoxicating doses, after Dr. Clark's treatment, but did not modify the symptoms in the least, nor did it produce intoxication.

During the afternoon, opisthotonos and pleurothotonos both were present, there being at times a marked lateral curvature to the body. By evening the temperature had risen to 102°. The pulse was 132. At nine o'clock the temperature had reached 103¼°, and at two o'clock on Monday it was 104¼°. At three o'clock, A. M., on Monday, the patient died.

The violence of the attacks seemed to be modified by nothing except exhaustion. They recurred regularly every minute, or half-minute, and a simple touch on the chest was sufficient to excite a paroxysm at any time. The respiratory muscles did not seem to be much affected. Severe pain was present only during the paroxysms; during the period of rest the patient complained but little. The treatment of the case was entirely that of support and stimulation, no narcotics being administered at all.

Aneurism of the Aorta.

Case 2.—A. G., aged 44, junk-man, presented himself at the Out-door Department of the hospital, August 4th, and complained that for the week past he had been suffering from severe cough and dyspnœa. Physical examination did not discover signs of any extensive bronchitis, nor was the expectoration profuse. The condition of the lungs did not explain the dyspnœa. The heart was examined and found to be normal, at least the sounds were sharp and clear. A simple sedative and expectorant mixture was prescribed, which relieved the cough.

August 14th. The patient appeared again, saying that the cough still troubled him, and that he could not "raise anything." He also directed attention to the swelling, which was giving him slight pain, and had been noticed by him, for the first time, the day previous. It was at the juncture of the clavicle and sternum, and pulsated quite perceptibly. On auscultating at this point, the cardiac sounds were heard distinctly. The area of the tumor did not then exceed two square inches.

On the 17th the patient was seen for the third time. The pain, dyspnœa and cough were now so excessive that he was admitted to the hospital for treatment. The tumor had increased in size with great rapidity. It extended from the lower margin of the clavicle to the lower margin of the second rib, and from the

middle of the manubrium sterni outward for a distance of three and a half inches. Its shape was that of an irregular flattened ovoid, its elevation being not greater than half an inch. The skin over the tumor was a little reddened but not painful, and the rib was pushed forward. Pulsation was most distinct at the upper and outer margin of the tumor, diminishing in force toward the median line. Auscultation did not reveal any very distinct bruit, but percussion gave dullness over the entire extent of the swelling.

The face of the patient was cyanotic, the anterior jugular vein of the left side conspicuously swelled, and all the superficial veins of the thorax abnormally distended. The cough disturbed the patient, especially at night, on lying down, but was not attended by much expectoration. There was also a certain amount of dysphagia, which the patient had noticed for three weeks past. He said that the food went down to a certain point, and then seemed to stop. The pain, which was at first but slight, was now severe. It started in the right shoulder, radiating toward the neck anteriorly, backward to the trapezius muscle, and downward to the bend of the arm; also shifting toward the internal border of the scapula.

The surgeons of the hospital, on consultation, pronounced the tumor to be most probably an aneurism of the aorta, although the absence of a distinct bruit rendered the diagnosis difficult, and at best doubtful. Treatment, palliative.

Aortic Obstruction.

Case 3.—Francis Lynch, aged thirty-five. Ireland, laborer. Complained of shortness of breath, palpitation, pain in cardiac region. Had had acute rheumatism six months previous. Auscultation and percussion revealed a double murmur and a hypertrophied heart, but the pulse was so rapid that it was almost impossible to distinguish between systole and diastole, as the contractions of the heart seemed already vigorous, the functional difficulty being that of excited action. Veratria was substituted for digitalis, and given as follows:—

℞. Veratriæ, gr.j
Syrupi simp., ℥ss
Aquæ font., ℥iij. M.

Sig.—Every two hours, one drachm.

The entire quantity was taken, but produced no other effect than a slight nausea, therefore digitalis was substituted, in the following formula:—

℞. Ext. fl. digitalis, gtt.xx
Syrupi simp., ℥ss
Aquæ font., ℥iijss. M.

Sig.—Every two hours, one drachm.

This had the desired effect, reducing the number of the beats and correcting the altered rhythm. It also relieved the symptoms. The sounds now appeared to accompany the first sound of the heart, and follow the second. Their greatest intensity corresponded with the base of the heart. The diagnosis of aortic obstruction and insufficiency was therefore made out, and the patient treated accordingly, but no continuous medication was kept up, digitalis being reserved for an excited action of the heart associated with dyspnœa.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Conversational Meeting, held October 11th, 1876. Dr. Andrew Nebinger in the chair. Reported by Frank Woodbury, M. D.

The paper of the evening, on "Cases called Hysterical" (given in our last number), was read, and received a complimentary vote.

In opening the discussion, Dr. William T. Taylor said that Hysteria is a convenient name to describe certain peculiar symptoms which have been referred to by the doctor in his paper. The disease is almost always confined to women during their menstrual life, and is generally connected with some uterine disorder.

It may mimic the symptoms of other diseases, as for instance, peritonitis, and affections of the joints. Indeed, Sir Benjamin Brodie remarks that four-fifths of the supposed diseases of the joints of females are hysterical. Until we can obtain another name more definite, we must still adhere to the old one "Hysteria."

Dr. George Hamilton said the subject for consideration this evening had been presented in an instructive and important point of view. The first two cases in illustration showed that an attack of hysteria had been (in one patient) mistaken for a serious brain lesion, and that the latter condition had been (in the other) regarded as hysteria.

These cases, quoted from a medical journal, recalled to mind two others of nearly similar import, occurring in his own practice. Many years ago a young, healthy, single woman, engaged in household duty, fell in convulsions, presenting no other phenomena than those usually noticed in hysterical attacks. This case terminated fatally in thirty hours, the symptoms, however, merging into those of apoplexy some time before the fatal issue. Quite recently a somewhat similar case occurred, in the person of a lady of fifty years, of impaired constitution, nervous temperament, and who had endured, for a few months previous to the attack, inordinate physical and mental exercise, with proportionate exhaustion. In the midst of an exciting discussion, she fell prostrate in convulsions, yet, as in the former case (excepting an ill defined symptom or two suggesting cerebral injury) presented the more customary symptoms observed in hysterical attacks. In about three hours from the invasion, the pulse became much slower, accompanied by stertor, and at the end of eight hours from the attack death ensued. In regard to the latter case, or any other of similar history, where degeneration of cerebral tissue is at least possible, may

not the spasmodic movements and disturbed circulation of the blood peculiar to hysteria prove the efficient causes of fatal lesion within the cranium.

Dr. Woodbury, in reply to a question in regard to the connection existing between hysteria and insanity, recalled the fact that Maudsley, in his Pathology of the Mind, gives a prominent position to hysteria as an inherited cause of insanity; hysteria in one generation predisposing to, or producing, insanity in the next.

As an illustration of so-called hysteria in the male, he referred to a case of catalepsy in a young man admitted to the Pennsylvania Hospital two years ago. The patient had taken a little stimulant, and suddenly became rigid and unconscious. In this state he was brought, an hour later (about midnight), to the hospital. Tonic spasm was present; the fingers were extended; the arms close to the side, and sprung back to this position when disturbed; the eyes were closed; the globes rotated upward and oscillating. A diagnosis of hysteria (?) was made, and a galvanic battery brought into requisition with happy effect. The patient went home well in the morning.

Dr. William A. Burns mentioned a case in his practice, of a young man, who, after a violent mental shock, became markedly hysterical and died in a few days. The patient was in excellent health, when he witnessed the violent death of a friend. He went home much depressed in spirits. The next day he was very emotional, crying and laughing, and at times using the vilest language, although when in health he was consistently correct in his conduct. These emotional attacks recurred frequently, with perfectly lucid intervals, except that he continually asked to be taken home. On the third day he became intensely icterode, his pulse was accelerated, and became gaseous. Death took place, on the fourth day from the accident, apparently from exhaustion. No autopsy could be obtained.

It is an interesting fact that this patient's sister was accidentally burned to death several years ago, and, as a result, two of the remaining sisters labored under hysterical convulsions so violent as to threaten life for several days, but finally recovered.

Dr. Wm. B. Atkinson reported a case of hysterical symptoms, to a marked degree, in a young man, who had been disappointed in love. He also mentioned a case that had been under observation for twenty-two years. Soon after the birth of a healthy child she developed hysterical symptoms. She had fearful attacks, resembling acute mania, at frequent intervals during the next two years. Examination of the uterus, at this time, showed it to be large and congested (sub involution), with the os open, but without ulceration. After restoring the uterus to a healthy condition, the patient became well and free from these attacks, until lately, in the interval having been delivered of two children, the last one of whom is of an extremely sensitive, nervous temperament. The patient now has headaches, ill health, and threatening insanity, but refuses a vaginal examination. He believes that hysteria is a rarer affection than it used to be.

Dr. John G. Stetler did not think that hysteria is as frequent as it was twenty-five years since. He generally found that there was tenderness between the scapulæ, demonstrated by pressure on the spines of the vertebræ. As the blood is the regulator of the nerves, he very usually found this impaired. He also often found derangement of the catamenia, and *primæ viæ*, but no symptom was as constant as spinal irritation. The treatment most successful was antispasmodics, and ferruginous tonics, and tartar emetic ointment, or a blister to the tender spine—in a word, to correct any functional disturbance.

Dr. William S. Stewart said that hysteria is a convenient name for certain diseases, which occur both in the male and female. He quoted three cases of hysterical attack, one male and two female, that recovered under the treatment by the cold douche. The pulse and heart's action are the principal points in the differential diagnosis of hysteria, in which disease they are not materially affected.

Dr. Andrew Nebinger said, if the paper of the evening, and the discussion, teaches one lesson more positively than another, it is that we should not adopt hasty conclusions when we see symptoms called hysterical, as such a course might deprive the patient of the treatment required for his relief until the golden opportunity for such treatment had passed away. In the two cases narrated by Dr. Atkinson, it is impossible that the symptoms could have been due to the same cause, although, as the doctor has said, they were identical. It is clear, from the treatment, that in the case of the woman, the hysterical phenomena were due to uterine disease; clear is it, also, that in the other case, the young man, the hysterical symptoms must have depended upon some other and very different cause. Hysteria, like dropsy, is a symptom, and it is for the physician to discover the cause productive of these phenomena of disease. Among the many hysterical complaints that we are called upon to treat, we find causes very dissimilar. One class of cases will have its origin in digestive disorders. Correct this condition of the stomach and the hysterical group of symptoms disappears. Another class of cases finds its efficient cause in anæmia. Spinal irritation, as is well known, is a most fruitful source of hysterical symptoms. Anodynes in the management of hysteria springing up from these and many other causes, are at best but palliatives. Each case of hysteria must be traced back to its originating cause, and the curative treatment be directed to the removal of this cause, whether it be uterine disease, spinal irritation, functional derangement of the digestive organs, anæmia, or any other curable disease.

Editorial Department.

Periscope.

The Action of Eliminant Alteratives.

Dr. T. Lauder Brunton closes an article in the *Practitioner*, September, 1876, on altera tive medicines, with the following conclusions and inquiries:—

All medicines may be called alterative, but the name is specially applied to those which imperceptibly modify nutrition.

Nutrition is carried on in the intestine, and probably in the body, by means of ferments.

Alteratives probably modify nutrition by modifying the action of these ferments.

Nitro-hydrochloric acid probably acts in headache, and also in the depression of spirits associated with oxaluria, by modifying the action of ferments in the intestine or liver.

Lithates are probably formed in the liver, and also in the muscles. The question ari-es, is nitro-hydrochloric acid useful in stopping the lithates from disorder of the liver and digestion only; or is it also useful when the lithates arise from other causes?

Colchicum is probably useful in gout, by diminishing the production of uric acid.

Iodide of potassium acts on the lymphatics.

Mercury acts on the albuminous solids.

Is the action of iodide increased by giving salt?

The Relations of Diseases of the Skin to Diabetes.

Professor Pick, of Prague, writes in the *Allgemeine Wiener Med. Zeitung*, No. 34, 1876, that we must keep in view three conditions when we study the connection between the diseases above named.

1. The skin disease may be idiopathic and merely coincident with the graver affections, and, if influenced at all, is only somewhat modified by the latter.

2. The skin disease is due to the same cause as the diabetes, and may precede, accompany, or even follow that malady.

3. The skin disease is directly consequent to changes produced in the organism by the other disorder.

Among those dermatopathiæ which are merely coincident, we have not only parasitic affections and acute exanthemata, but also the syphilides, which, as well as the others named, run their ordinary course in diabetic patients; those forms which are somewhat modified during their course, but were simple in origin, comprise a number of eczemas. If diuresis exists, their moist stage is either very slight or entirely wanting, and the squamous stage appears almost immediately; when the urine is not secreted in undue amount, the moist stage of the eruption persists for a long time. Where the urine moistens surfaces affected with intertrigo, the latter is usually converted into eczema marginatum; Prof. Pick thinks this is favored by the sugar which is present in the liquid soiling the chafed parts.

There are other varieties of eczema which Prof. Pick regards as directly due to the diabetes.

In the second group he places certain forms of pruritus and furunculus dependent upon affections of the central nervous system, and this is regarded as supporting the theory of the origin of diabetes in disturbances of the same system.

The skin diseases of the third group are mostly caused by the irritation of the sugar which circulates with the blood, or by diuresis, and comprises certain forms of eczema, xeroderma, pruritus, furunculus and anthrax; finally, there is a peculiar affection of the mucous membrane of the mouth, which Prof. Pick calls epitheliosis mucosæ oris, and which he distinguishes from syphilitic affections having a somewhat similar appearance.

He closes by referring to the importance of testing the urine in such cases of disease of integuments as have been named.

Treatment of Anthrax with Subcutaneous Antiseptic Injections.

From the *Allegemeine Medicinische Central Zeitung*, we learn that, supported by Davaine's views, the carbuncle and the so-called malignant œdema are connected with the emigration of poisonous bacteria into the affected parts. L. A. Raimbert used carbolic acid to render them harmless. He gives several cases in the *Gazette Hebdom.*, No. 25, 1876.

Case 1.—Workman, aged 46 years. Vesicle behind ear; soon followed by infiltration of the whole face and considerable prostration. Cauterization, with hot iron, and, afterward, sublimate; no improvement. With repeated hypoderms of a $\frac{2}{100}$ solution of carbolic acid, a cure was completed in twenty days. Infection was probably received from a diseased sheep.

Case 2.—Farmer; age, 48. Malignant pustule on hand; caused by the blood of a diseased cow (*milzbrand*). Applied caustic potassa three days after infection; the whole arm swollen. Repeated incisions and cauterizations did not produce benefit. Carbolic-acid injections, after causing momentary syncope, gave speedy relief. Patient cured, but subsequently he had circumscribed gangrene of the skin of his ring finger.

Case 3.—Woman; age, 23. In seventh month of pregnancy. Probably infected by handling hides. Carbuncle on cheeks, with diffused

infiltration; also, gangrene of the skin. On the evening of the third day, subcutaneous injection of tincture of iodine, with local improvement; but the fœtus died. Fœtus expelled on the eighth day, with considerable hemorrhage, increasing debility and attacks of syncope. Death on the tenth day from the commencement of the disease. While alive, some blood clots from the patient were examined microscopically, but no bacteria were found.

The author draws the following conclusions:

It is rational to cauterize a recent malignant pustule (*milzbrand-pustel*), because we may destroy the bacteria which are within reach of the caustic; while the poison has not gone beyond the skin and the subcutaneous areolar tissue, we may hope to neutralize it with the hypodermic injections of antiseptic solutions, which must be made in considerable number and at various points. If the poison (*milzbrand-gift*) has been taken up by the blood, subcutaneous injections no longer have the power to destroy it; injections of carbolic acid into the veins he regards as too dangerous.

Dangers from Santonine.

In using santonine, it is well to bear in mind that comparatively small doses have produced convulsions of a somewhat grave character. A German contemporary lately reported a case in which poisonous effects were produced in a child two years old, by the ingestion of so small a dose as a grain and a half. Convulsions commenced in the face, and extended to the extremities, while the respiratory action was greatly impeded. Under warm baths, enemata, and artificial respiration, the patient recovered. The physician in charge of the case then instituted a series of experiments on the lower animals, and found that chloral and ether inhalations controlled the convulsions produced by santonine. He naturally argues that the same treatment should be pursued in the human subject when a poisonous dose is taken.

The Caustic Properties of Bromide of Potassium.

Mr. Peyrand has tried the escharotic properties of bromide of potassium upon malignant and other growths, either by means of injections into the tumor, or by the application of the powdered salt to a raw surface. The action of the salt is completely resisted by the tegument. His first clinical experiment on the subject took place in April, 1874, when, by means of daily applications of powdered bromide, he effected the removal within twenty-eight days of an epitheliomatous growth on the face. He has since had equally good results from this treatment of atonic ulcers of the legs, rapid cicatrization following the separation of sloughs produced by the application. In such cases he uses either the powder or an ointment of one part in five, or a mixture (one in ten) of glycerine and the bromide. In many skin affections, as chronic eczema, pityriasis and acne, in phagedæna, ulcerative stomatitis, and many other local inflammatory disorders, he has found it of use. As a local hæmostatic, a solution of one in fifty has served for epistaxis, and as a general hæmostatic its success in many cases of hæmoptysis and metrorrhagia was very marked, where ergot, perchloride of iron, and rhatany had failed.

A New Plan for Drainage of Wounds.

In a paper read before the British Association, Mr. Chiene advocated the substitution of hanks of catgut prepared in carbolic acid solution for the india-rubber tubes in ordinary use. After illustrating by a reference to the manner in which field-drains were laid, that it was not absolutely necessary that a drain-pipe should be either tubular or patent, he expressed his conviction that a hank or skein of catgut would act, by capillary attraction, even more powerfully than an ordinary tubular piece of india-rubber. It would have the additional advantage that it would not need to be shortened or removed, as the granulations of the parts might be trusted to absorb it. Four cases illustrated the paper. One was an amputation at the ankle drained by three hanks of catgut. In this, putrefaction took place, and the drain was not a success. One, an excision of knee, for anchylosis, healed up well; and two others, in which small tumors had been excised with antiseptic precaution, had done well also. From these somewhat scanty data, the conclusions had been drawn. The size of the skeins was to vary with their number and the depth of wound to be drained, and the most careful antiseptic precautions were to be taken.

The Condition in which Salicylic Acid is Secreted.

Mr. F. Baden Benger, F. C. S., examined the urine of a patient who had taken 60 grains of salicylic acid during the previous twelve hours. It was found to exert no retarding action on the production of essential oil of mustard, or oil of bitter almonds, and not to hinder, in the slightest degree, the action of half a grain of yeast on forty grains of sugar dissolved in one fluid ounce. Five fluid ounces were concentrated, and washed with ether, the ethereal solution evaporated to dryness, and the residue dissolved in one fluid ounce of sweetened water; to this half a grain of yeast was added, and fermentation immediately commenced.

Parallel experiments were made with solutions containing known quantities of salicylic acid for comparison.

The conclusion arrived at was, that, at all events in the case under observation, salicylic acid was not excreted in an active condition.

Salts of salicylic acid had been stated to possess no antiseptic power, but the author had observed that five grains of salicylate of soda prevented the action of half a grain of yeast on one fluid ounce of sweetened wine or water.

Reviews and Book Notices.

BOOK NOTICES.

Modern Therapeutics; A Compendium of Recent Formulæ, Approved Treatment, and Specific Methods in Medicine and Surgery; with an Appendix on Hypodermic Medication, Inhalation, Aeration, and other remedial agents and therapeutic methods of recent introduction. By George H. Napheys, A. M., M. D., etc. Fourth edition, rewritten and enlarged. Published by D. G. Brinton, 115 South Seventh street, Philadelphia. 1 vol., cloth, 8vo, pp. 609. Price $4.

After a delay of a year from the time the first pages went to press, the fourth edition of this treatise is presented to the profession. As the editor informs us in a brief note, this delay was owing to the sickness of the author, a sickness which led to his death. The manuscript was, however, nearly all prepared, and the editor confined his attention to filling some omissions, and seeing the work through the press.

In its present form it is a great advance on previous editions. The arrangement is scientific; the number of diseases whose therapeusis is given is very much increased, and the range of collation is much wider. For example, we find, by the "Index of authors," that the number quoted in the present volume is *five hundred and eighty*, against *two hundred and thirty* in the last (*third*) edition; of diseases, on comparing the tables of contents of the two editions, we find the third contains the therapeutics of one hundred and five, the fourth of *one hundred and seventy-three;* while the average of matter under each disease is increased about one fourth.

Those who have not seen the work will be pleased to know its plan. It differs from all other books on therapeutics, in making this a branch of the practice of medicine, instead of materia medica. The diseases are classified according to the received nosology, commencing with those of the nervous system, and then under each the treatment for it is given, as recommended by the most eminent *living* authorities. The name of the author is first given, and then the especial therapeutics which he advises, his exact prescriptions, are recorded whenever he has stated them. The indications for each line of medication are briefly added, and the whole is followed by a notice, in alphabetical order, and in fine print, of the various drugs which have, at various recent dates, been asserted, on good authority, to be efficient as remedies.

The division on "Surgical Therapeutics," which appears for the first time in this edition, embraces in its first chapter a description of the various dressings for wounds, among which Lister's antiseptic dressings are prominent; also the treatment of burns, sprains, and other injuries. The second chapter is devoted to surgical diseases. Here we find a quantity of approved receipts and directions for the local and internal treatment of cancer, carbuncles, goitre, piles, gangrene, nævi, ozæna, fissure prolapsus and pruritus ani, spermatorrhœa, tumors, ulcers, varicose veins, etc. Then come diseases of the eye and ear, diseases of the skin, and venereal diseases. In the latter, the article on gonorrhœa is especially full and rich in suggestions for treating the obstinate forms of this disease.

The Appendix is taken up with the use of compressed and rarefied air, rules for endermic medication, formulæ for inhalation and hypodermic medication, and medicinal snuffs.

The diseases of women and of children are treated at length in the body of the book.

This summary may give some idea of the scope of the work and the plan of the author. But to appreciate with what care and skill he has carried out the plan, the book itself must be seen. The authors, we have said, are about five hundred in number. They are about equally divided between American, British and Continental countries, and are very nearly all contemporaries. The literature of practical medicine for the last ten years has evidently been exhaustingly searched, and with a judicious eye. Few names of note will be found absent from the index; and the practice of many living clinical teachers will here be found quite complete, although they have published no work on practice. This arises from the fact that the author was not only very familiar with the ephemeral literature of medicine, but was himself a constant attendant on clinics, and collected much from his personal notes. Thus, there are forty-six different references in the index to the clinical measures of Professor J. DaCosta, and ten to those of Professor Gallois, of Paris, though we believe neither of these gentlemen has ever published any book setting forth their general practice.

In conclusion, we may add that the book is handsomely printed, on excellent tinted paper, and is substantially bound in English cloth, with beveled edges. Its price, too (four dollars), is at least twenty per cent. lower than the same size and make of medical books are usually sold for. No one who buys it will find his money wasted; in fact, a better investment for the practitioner cannot be found.

THE

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D. G. BRINTON, M.D., EDITOR.

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PHYSICIANS AS DISPENSERS

Some years ago a member of the American Medical Association proposed, at a meeting of that body, to condemn, as disqualified for membership, any physician who dispensed his own medicines in localities where there were reliable pharmaceutical establishments. Fortunately, this measure fell to the ground without results; partly, perhaps, because of the pains this journal took to show how unjust and injurious any such restriction of personal liberty would be.

The fact that such a motion was made indicates, however, the wide separation that has been made between the art of preparing and that of prescribing galenicals. There is, in fact, a feeling that it is somewhat derogatory for a doctor to dispense his medicines. If he keeps a drug store, he is not quite so well thought of as if he sent his formulæ to his neighbor apothecary.

There is something to be said in defense of this feeling. The growing magnitude of pharmaceutical art requires close attention, to master its details; the great care which a prescription clerk should exercise is hardly possible to a physician with frequent calls; the man who would be jack-of-several-trades is proverbially apt to be master of none.

On the other hand, the increasing ignorance of physicians about the history, appearance and reactions of drugs, is a heavy disadvantage to them. They work in the dark, unable to judge of the condition and temper of their tools. That very eminent physician, Dr. John Harley, of London, has recently advocated, in strong terms, that whenever it is practicable, the prescriber should be his own dispenser. The relation between a medical man and his patient is naturally of the most confidential kind, and it is sometimes with reluctance that the former directs and the latter accepts the intervention of a third person in the capacity of a dispenser, for both are aware that inferences as to the nature of the complaint may be formed from the prescription; nor is the matter mended by a knowledge that the inference may be incorrect.

But the medical man has other inducements to dispense his own prescriptions; he has a personal interest in them, and that sense of security which a man of sound sense has in his own work; and in sending his prescriptions to another, he feels the force of the old aphorism, "There's many a slip between the cup and the lip," and believes that the chances of a slip are diminished when the medicine is sent out under his own supervision. If the medicine be obtained from an unknown source, and the action repeatedly fails, he must infer either that the condition of the patient obstructs the action of the drug, or that the drug is inefficient. Some experience of this latter contingency will rarely be wanting to give strong bias to his conclusion. This may, nevertheless, be unjust; but anyhow an element of confusion is imported into the case, alike unsatisfactory to each of the three

parties concerned. Had the medical man sent his patient a preparation with the individual action of which he was familiar, doubts would never have arisen, but, on the contrary, he may have added a useful fact to medical science. But further, when a medical man entrusts the prescription to his patient, a very long interval may elapse before he returns, and then he may be found suffering not so much from the disease as from the abuse of his medicine; or he may never return, choosing to be guided by his own discretion, or by the advice of the dispenser as to the need of continuing or omitting the use of the medicine. By such a course as this, the influence of the prescriber is weakened, and it may be that his usefulness is prevented by the patient, who is not unseldom ready to recommend the use of his prescription for the relief of every ailment that he fancies has any similarity to his own.

There is, we believe, no hope that in this country any large number of physicians in cities or towns will return to the plan of filling all their own prescriptions. But the separation of the active principles of plants, and their presentation in convenient forms, such as globules, capsules, wafers, etc., go far to facilitating the business. Even now a very small box may contain a far more varied and excellent collection of drugs than the largest ship's chest could a half century ago.

Notes and Comments.

A Reminder and a Promise.

As the volume and the year are drawing to a close, we take the opportunity to remind those whose subscriptions soon expire that promptness in forwarding the amount due for renewals will be *very highly appreciated* by us. We are sometimes asked why we charge *in advance*. It is because we pay cash for all the costs of publication, and thus secure an advantage which we return directly to the reader in an improved quality and greater quantity of matter in the journal.

In regard to the next volume, we may here say that we have engaged for the reports of a series of clinical lectures on diseases of women, by Dr. William Goodell; for a continuation of those on nervous diseases, by Dr. S. Weir Mitchell; on orthopedics and joint diseases, by Dr. Louis A. Sayre; and general clinics on surgery, by Professor S. W. Gross and J. S. Wight; on medicine, by Professor J. Da Costa and Dr. Hutchinson; and a variety of others. We can, without any boasting, promise, in the department of Hospital Reports and Clinical Lectures, a richer, more practical and thoroughly useful selection, illustrating the best practice of the day, than any other journal in this country. We intend that every succeeding volume shall be a substantial improvement on its predecessor.

The Delirium of Operators.

Under this sensational title, Dr. Guéniot, of Paris, undertakes to describe a delirium which may seize a surgeon during an operation, consisting in a more or less temporary mental aberration, during which he may inflict injuries on his patient, always of a serious character, and usually fatal. The young surgeon is especially predisposed to this terrible attack, affected as he may be by the sight of blood, anxious with regard to the opinions of others, and menaced alike in his interests and self-esteem. This delirium is much oftener observed during obstetrical operations than in those of ordinary surgery. They, in fact, are often undertaken by practitioners only imperfectly acquainted with the proper manœuvres, while the execution of these in the depths of the organs concerned conceals the extent and importance of the lesions produced. Numerous cases were cited which either have been published by authors, or have fallen under Prof. Guéniot's personal observation, in which fearful and fatal lesions have been produced, when neither the circumstances of the case, nor the ignorance of the operator afforded any explanation—nay, in more than one of these he was a person of expertness.

Return to an Ancient Disinfectant.

The oldest disinfecting process on record is burning sulphur. When Ulysses had slain the suitors of Penelope, he burned "purifying sulphur" in the blood-stained hall. Perhaps none better has since been found. The *Lancet* remarks that in the second edition of a pam-

phlet on the subject of burning sulphur fires in epidemics of cholera, Surgeon-Major Dr. Tuson, of the Indian Medical Service, gives several illustrative examples from his own experience of the efficacy of this method of procedure. He states that he has on four occasions observed the marked effect of sulphur fires in arresting the progress of the disease. Attention to certain points is considered of consequence. All the fires should be lighted at one and the same time, and the sulphur be sprinkled on them simultaneously. The piles of wood should be good large heaps, so as to last several hours; they should be placed at distances of from forty to fifty yards, to surround a village, particularly to the windward of it, and in places where cholera has its habitat. The fires should be kept up for twenty-four or forty-eight hours at least.

Euthanasia in Hydrophobia.

Dr. Prévost described the following case, at the Société de Biologie, Paris.

A woman aged 65 years was bitten in the little finger by a rabid cat, and on the fortieth day showed the first symptoms of hydrophobia. At once a hypoderm of morphia 0.03 was given, without result; she was then put under the influence of chloroform, which increased the bad symptoms, and produced a serious suffocative attack. Then 4 grammes of chloral (in a solution 1:10) were injected into the saphenous vein; three minutes afterward anæsthesia and profound sleep set in. In twenty minutes spasmodic symptoms reappeared; 6 grammes of chloral, administered as before, produced the like effect. During the following seventeen hours 7.5 grammes more of chloral were injected, with the effect of keeping the patient in a profound quiet sleep until her death, which took place twenty-four hours after the commencement of the disease.

Harrot has published an analogous case, in which 15 grammes of chloral were given in all; and in view of these two cases, Dr. Prévost recommends the treatment for the control of the violent spasms, and for the purposes of euthanasia.

Duration of Life in Ancient Rome.

In a vault used for the interment of the ancient Roman family Statilia, Signor Bixio, the Inspector of Antiquities and Director of Excavations, has found several inscriptions indicating the ages of the deceased. They are, however, rare, as out of 400 such inscriptions, only seventy-five indicate the ages, fifty-five being the urns of men, and twenty those of women. Signor Bixio found that forty-five of these slaves or freedmen had not attained the age of forty, nine only reaching that age, and one attaining that of sixty. Of the women, fifteen had died under thirty, two exceeded that age, and three had exceeded forty. This early mortality of the slaves of a rich family is remarkable, and we can only conjecture that it may have been due to the physical and moral suffering, bad diet, and the excess of work and libertinage to which the slaves at this epoch were exposed.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

Letters by an Invalid Physician.

III. THE RIVIERA—CANNES, NICE, MENTONE, ETC.

Ed. Med. and Surg. Reporter:—

It was my good fortune to cross the Atlantic with a distinguished English surgeon, who was returning home greatly pleased after the hospitable reception given him by his American professional brethren. The most important part of his advice that now comes back to me was, not to remain in a place after becoming heartily tired of it, but, like Joe, in Bleak House, to "keep moving on."

The advice of one of the best physicians in London can be thus summed up: "Avoid fatigue and drink plenty of milk."

If beauty were the sole element essential in a climate for consumptives, the Riviera would undoubtedly rank all competitors; and if associations alone were alterative and tonic, those of the Mediterranean, be they historical or romantic, would act as a cure for the gravest ills.

Passing over my journey from Liverpool, via London, Paris, and Marseilles, I leap to that epoch in it when I reached Mentone, on the Riviera.

Before leaving home I had read a book by an eminent physician, entitled, "Winter and Spring on the Shores of the Mediterranean." It was enticing to a well man: it was like the pardon to a man who should die on the morrow to a sick one. The frontispiece was a lithograph, brilliant in color, representing Mentone, with its foreground of sapphire sea, and trees of many hues, and its background of majestic hill and mountain.

In point of fact, I found that Mentone is probably the most crowded with invalids and the least deserving of patronage of any place

along the Riviera. The town is old and dirty, with the usual high houses and narrow, damp streets, peculiar to Mediterranean settlements. It is built along one main street, the continuation of the Corinche road, the famous post-road of the Mediterranean. The hotels stretch out along this road beyond the village confines. In front lies the sea, and behind the Maritime Alps, or their prolongations, in the shape of steep hills, rise abruptly. Some of the hotels are built upon such a slant, or excavation in the hillside, that while you enter on the ground floor in front, you emerge from the third floor upon the yard behind This makes the back rooms damp, and invalids dare not use them.

But let us turn to the climate. Get into a carriage in front of the hotel on a beautiful sunshiny day, and in the more than warmth, absolute heat, you almost protest against taking an overcoat, and do protest against the robe which the driver has brought along. Your felt hat is hot, and you observe that the ladies wear straw ones, and carry sunshades. The sun's rays are piercing. But turn a corner into a shady street, get on the shady side of a wall or hill, or let the sun be temporarily obscured by a passing cloud, and how quick you will draw close the overcoat and pull the robe over the lap. The cold is raw and penetrating; it goes right through you, and a return to the sunny road is ardently wished for. If you are a little late in starting on your ride, and the sun sinks behind the hills before the hotel is reached, beware of chill. The air at sunset becomes pestilentially damp, and so continues for an hour after. The same feeling is experienced in stores not warmed, and in the hallways of the hotels. An invalid has to be as careful to keep in the sunshine or by the fire, as he has to keep out of water.

Had I to return to the Riviera for another winter, I should select Nice—a miniature Paris—a resort as much for those who suffer from nothing but the dread of northern climes as for those positively ill. Here there are music, books, society, beautiful walks and drives; and above all, the sick are masked by the vast majority of the well. Do not understand this as recommending Nice as a winter climate. It is simply a recommendation by comparison. I would never halt on the north shore of the Mediterranean if it were in my power to reach Egypt or Algeria.

After a few days in Mentone, I said to its medical autocrat, "Wont you point out *the* features of this place to me?" As I had been strongly recommended by him to make it my winter home, *and not go two miles away from it*, I was naturally anxious to know the reason why.

The pith of the answer was:—"North winds mean winter. By its mountain ranges, Mentone is protected from north and northeast winds. The mountain Tusbia protects it from the *mistral*, an immunity not enjoyed by Nice. It has complete southern exposure, and the sun shines, during the winter months, with tropical warmth. The cool, dry air favors evaporation, however, and no oppressiveness or debilitating influence arises from the hot rays. Italy and the mountains of Corsica take away the heat and moisture from the debilitating southeast wind, or *sirocco*, breeding pernicious fevers in these localities, from which the Riviera is exempt. We have cool nights, little rain, and invalids can pass the greater part of every day out-doors."

These plausible statements are reproduced in guide books like Murray and Bædeker; they find their way in the newspapers; they are reproduced in Dr. Howe's "Winter Homes for Invalids," along with the assertion that the climate of Algiers is moist and hot, and that only those who improve in a moist climate should go there. From actual experience, I pronounce these statements unqualifiedly false, and the source of incalculable harm to invalids.

I have already shown the penetrating chill of the Riviera when out of the sun's rays. I turn to my diary, and see how it bears out its reputation for dryness and tonicity:—

November 25th and 26th. Cloudy, raw days.
November 27th. Showery.
November 28th. Clear, beautiful day.
November 29th, 30th, December 1st, 2d, 3d, 4th and 5th. Continuous cold rains.
December 6th, 7th and 8th. Clear.
December 9th. Cold and drizzling rain.
December 10th. Clear.
December 11th. Cold, raw, bleak morning. Rain in the afternoon.
December 12th. Clear.
December 13th. Cloudy morning. Rainy afternoon.
December 14th and 15th. Rain.
December 16th. Clear.
December 17th. Cloudy and chilly.
December 18th. Southerly winds, rain, and fresh deposit of snow on the mountains.
December 19th. Morning, clear. Afternoon, rain.
December 20th. Cloudy, gloomy weather.
December 21st and 22d. Clear. Ice formed in the streets both days.

Where could a worse record be obtained? Where a spot more wanting in every attribute of dryness, warmth and elevation? Everybody did badly. Simple bronchitis became aggravated, pleurisy augmented, and cases undoubtedly tubercular sank faster than they would have done at home. The well attendants about the hotel suffered from colds, and those who died were sneaked away the same night to vaults or trains, that the reputation of the place for health might not be impaired. In vain the hotel-keepers pleaded the transit of Venus to account for the weather, and previous records to show that such a state of things never occurred before. The previous January (1873) had been just as bad, and last season (1875) was no better. Finally, Nice, Mentone and Genoa are intrinsically as unhealthy as Rome or Naples, and suffer proportionately from the same crowding and atrocious drainage.

In conclusion, I do not deny that some consumptives have recovered, or vastly prolonged their lives, by wintering along the Riviera. When men recover on "grape-cure" in hospitals, on the tops of the Alps; in fact, when there is hardly a spot on earth where some individual case might not be found to progress favorably, it would be foolish to assert that the Riviera could not produce her individual cures.

What this paper directly protests against, is the issuing of books and pamphlets by medical men, or under medical sanction, whereby, at great personal sacrifice, and regardless of time, distance or expense, invalids are induced to leave the comforts of home and go to an uncerrain climate, under exaggerated promises of cure.

Senaca Lake, N. Y.

Extensive Pleural Adhesions Without Symptoms.

Ed. Med. and Surg. Reporter:—

On November 16th, assisted by Dr. Seymour, of this place, I performed an autopsy on the body of D. N., aged 41, native of United States. History, substantially as follows: he had received a wound in the back while prisoner of war in the South. The ball entered just below the inferior angle of the right scapula. About all he can distinctly recall is, that he was laid up in hospital for three months. Expectorated considerable blood, but made a good recovery. This happened in 1863, since which time his health has been good. He is a laboring man, and has been able to do his share of severe labor until September 1st this year, when he began to have difficult breathing and troublesome palpitation, which had lasted ten weeks before he consulted me. Physical examination revealed greatly enlarged area of cardiac dullness on percussion. Area of lungs normal, both on percussion and auscultation. On placing the ear over the cardiac region, a distinct double souffle, a soft, rushing bruit, was present during systole and diastole.

The slightest exertion produced severe dyspnœa and faintness, with pain. Treatment, perfect rest, arterial sedatives.

This man had felt no difficulty referable to the heart or lungs; in fact, he had considered himself a sound man up to the time previously mentioned. This will be significant when viewed in the light which the autopsy will throw upon it.

I will not follow his case in detail. Death ensued on the night of the 16th instant. When the body was viewed by us, rigor mortis was well marked; the subcutaneous cellular tissue extremely anasarcous. As we had permission only to view the organs of the chest, we abandoned any expectation of finding the bullet. There was no accumulation of serum in the pericardium, but some in the left pleura. The left lung collapsed on opening the chest; the right did not. The circumference of heart before removal was fifteen inches; walls of the left ventricle hypertrophied, with dilatation of both ventricles. The aortic valves were insufficient. There was a fusiform dilatation of the arch of the aorta. The aortic valves were almost obliterated. But two could be demonstrated, and they were quite incompetent to perform their duty.

We know that people will live, and seem to be unconscious of even the gravest forms of disease of the heart, until informed of the fact by their physician. But I am greatly astonished at what I found on examining the right lung. The parenchyma of both was healthy, but the pleura of the right was firmly adherent to the costal pleura throughout, on all its surfaces, so firmly, indeed, as to require the whole force of my two hands to detach it, and, as a proof of its age, portions of the surface showed a vascular development The base of the lung in contact with the diaphragm was inseparable. I repeat, there was not a square one-sixteenth of an inch of surface unadherent. Our supposition was that the bullet had passed through the lung, causing hemorrhage into the pleura, followed by pleurisy, with union of its two surfaces. The wonder to my mind is how could he exist with such a trouble, without more interference with his health, dyspnœa, and other consequences of this extensive trouble. The liver was enlarged, of blue-black, congestive color. We were not permitted to occupy more time, or make a more extended dissection; we did not examine further. I should like to hear from your readers as to symptoms in like cases, and which they have been able to verify by a diagnosis of adherent pleura by an autopsy. This man had absolutely no symptoms except such as were directly referable to the organic disease of the heart. A. J. Jessup, M. D.

West Town, N. Y., Nov. 20th, 1876.

Removal of Loose Cartilage of the Knee-joint.

Ed. Med. and Surg. Reporter:—

A young man, a farmer, came under my care during the last year on account of a lame knee. The knee-joint was enlarged and tender to pressure; there seemed to be an increase of synovial fluid and relaxation of the ligaments; a hard body near the head of the fibula was discovered, which, on slight pressure being applied to it, would slip into the joint and completely disable him from walking for a time. Its mobility was such that it was impossible to secure it in such a position as not to interfere with the motions of the joint.

At the urgent request of the patient, this loose cartilage was removed, Oct. 17th, 1876, by a direct incision made through the integuments near the tendon of the biceps, in which situation the loose body could be best secured for the operation. This concretion was an inch and a half in length and one inch wide; it appeared to consist of cartilage, with one smooth side and the other rough. No unfavorable symptoms followed the operation. In the course of my practice, I have performed the operation for extraction of loose cartilage of the knee-joint

three times, with perfect success, not one untoward circumstance occurring in either case.

I attribute the absence of dangerous inflammation to the great care which was taken in each case, both immediately before and after the operation. The wound was dressed with adhesive straps, the patient put in bed, and the limb put upon a long splint with a foot piece, the foot and limb well fastened to the splint, so as to secure the most perfect state of rest of the knee-joint for the next fifteen days.

Cochecton, N. Y. B. W. Appley, M. D.

News and Miscellany.

The Yellow Fever at Savannah.

A recent visitor to Savannah, Ga., writes:—Regarding the yellow fever I could write a volume just from what I saw and heard during my short stop at Savannah. It was rather a happy coincidence that, on the day of my arrival, there was not a single death from yellow fever, and the doctors proclaimed that the fugitives might return. There were about 1300 deaths from the disease during two months of the siege; the total deaths and cases will never be known, as they were not nearly all reported.

The Small Pox.

Late official advices state that the most terrible outbreak of small-pox ever known in the history of the Northwest is desolating Gembie, an Icelandic and Mennonite settlement of about 7000 souls on the east side of Lake Winnipeg. The deaths average 180 daily. No medical men are on the spot, but the Manitoba government is endeavoring to send doctors. The scourge is also raging with terrible fury on the west side of the lake. The Fort Thunder Indians have been decimated, and hundreds have died in settlements on the Qu'Appelle river. Indians are fleeing south toward the boundary line. The fur trade is stopped throughout the Northwest, by order of the authorities.

The American Climate and the Voice.

The *Scientific American* says that Dr. Lenox-Browne, Surgeon to Her Majesty's Italian Opera, in a paper recently read before the London Musical Association, on "The Voice as a Musical Instrument," says that the notion that our American climate is destructive to fine voices is unfounded. People who never learned to sing properly may complain; but the well-trained vocalists do not suffer. He also combats the idea that alcoholic stimulants or voice lozenges are beneficial to the singer. The latter are merely irritating, and the numerous pots of beer which some celebrated operatic artists are reputed to indulge in are useless to assist the voice. A glycerine lozenge, Mr. Sims Reeves states, is useful, and on very rare occasions a small quantity of claret and water may be necessary; but all alcoholic stimulants are detrimental.

Who Discovered the Circulation of the Blood?

A monument was unveiled last month in the University of Rome, erected to the honor of Andrea Casalpino, who, the Italian physicians say, was the true discoverer of the circulation of the blood. According to them, he demonstrated this great fact at Pisa, before the end of the sixteenth century, showing by experiment, in 1593, that veins in any part of the body, when tightly bound, swell between their original capillaries and the ligatures, and that when cut they discharge the black venous blood, afterward the red arterial blood. He taught both at Pisa and at Rome the deductions from these experiments which are now so familiar to us. Casalpino died in 1603, and it was a quarter of a century later when Harvey announced his discovery. Harvey, say the Italians, only added new proof to the already established truth, and they propose to hold a celebration of their own doctor at Pisa once a year, on the same day as that on which London honors the memory of Harvey.

A Grateful Patient.

At a recent meeting of the German Association of Naturalists, Dr. Hermes described some interesting characteristics of the young gorilla in the Berlin aquarium. He nods and claps his hands to visitors; wakes up like a man and stretches himself. For some weeks he had inflammation of the lungs, when his old friend Dr. Falkenstein was fetched, who treated him with quinine and Ems water, which made him better. When Dr. Hermes left the gorilla on the previous Sunday, the latter showed the doctor his tongue, clapped his hands, and squeezed the hand of the doctor as an indication, the latter believed, of his recovery. In fact, the gorilla is now one of the most popular inhabitants of the Prussian capital.

Transactions of the International Medical Congress.

Subscriptions for the forthcoming volume of Transactions of the International Medical Congress are now being received. As but a limited edition will be printed, gentlemen who wish to obtain copies are requested to forward their names, with the amount of subscription ($6 per copy, in advance), to the Treasurer, Dr. Caspar Wister, 1303 Arch street, Philadelphia, before January 15, 1877. The price of the volume will be raised upon the day of publication.

John Ashhurst, Jr.,
Chairman, Committee of Publication.

—Dr. Theodore Roth, practicing physician, whose office was in Sixth street, above Vine, died December 1st, aged forty-two years.

Personal.

—Among the deaths lately recorded in Europe is that of Dr. Bultkens, the Director of the Insane Asylum of Ghull, in Belgium. He was the special medical adviser of the ex-Empress Carlotta, and every year, through his intercession, a notice was published of the Imperial Court of Mexico as it was under the Emperor Maximilian, and laid before Carlotta, who was thus cheated of her sorrow.

—It is reported that Mr. Liebreich, who has had control of the ophthalmic department of St. Thomas' Hospital, London, for several years, being dissatisfied with his English experience, is about to leave London to return to Paris. Apparently, it will not be a very sad parting to the English medical world, for he appears not to have succeeded in making many friends.

—Mrs. Annie Oldham Cook, the wife of Dr. J. L. Cook, of Henderson, recently made her *début* as a lecturer, before a Louisville audience. Her subject was the "Conundrum of the Nineteenth Century," which turned out to be what to do with the women. Her audience was much pleased.

—Dr. Michael F. Groves died in this city November 20th, aged sixty-seven years. Dr. Groves graduated at the University of Pennsylvania in 1830, and was for a time assistant physician at the Pennsylvania Hospital. Later he occupied himself chiefly as a druggist.

—Lady Bell, widow of Sir Charles Bell, F. R. S., the noted physiologist, died recently in London, at the age of 94 years. She was the author of a pleasant volume of "Recollections."

—Foreign exchanges note the death of Dr. Torrance, of Airdrie, Scotland, in his sixty-first year. He leaves many friends in this country as well as at his home.

—A position as assistant physician in an institution may be obtained by addressing the editor of this journal. The applicant must be single and well qualified. Salary $500.00.

—Dr. T. A. Schlitz, of Egg Harbor, N. J., has gone to Europe on a tour.

Items.

—The Annual Report of the Surgeon General U. S. Army has been received. It is marked with its usual comprehensiveness. The principal points in it will be laid before our readers at an early day.

—The Supreme Court of Minnesota has rendered a decision sustaining the constitutionality of the inebriate asylum law, by which a tax of ten dollars per annum is levied upon each saloon keeper and trafficker in liquor, for the maintenance of an asylum for inebriates, now in course of erection at Rochester.

—The Early county, Ga., *News* having asserted that whisky did not cure rheumatism, became so unpopular that the legal advertisements of Miller county were immediately withdrawn.

—A young surgeon in Edinburgh has committed suicide by opening the femoral artery with a penknife. Four students at University College have committed suicide during the present year.

—A new society, called the "Société d'Autopsie Mutuelle," is being formed in Paris, the members of which are, by mutual agreement, and by will and testament in due form, to leave their bodies, after death, at the disposal of the Society, for dissection, with the view of promoting pathological and physiological science.

QUERIES AND REPLIES.

Young Man.—The treatment of pneumonia by mercury and antimony has certainly fallen into considerable disuse. They may be useful in the early stages of the disease, with much febrile action, in robust subjects. The case you describe was certainly not one in which we should have countenanced their administration.

Countryman.—Aqua coloniensis, *vulgo*, cologne water.

OBITUARY.

JAMES THORN, M. D.

Dr. James Thorn, who died at Troy, New York, on the 26th ult., was one of the leading physicians and surgeons of that city for a period of thirty years. He was born in Colchester, England, July 20th, 1802, and at the age of nineteen began his professional studies by entering St. Thomas' Hospital, London, as a dresser, where he remained three years.

He entered the Royal College of Surgeons on the 6th of August, 1824, and upon graduation began practice in Piccadilly. In 1832 he came to this country and located at Albany, but shortly after removed to Troy, where he became distinguished as a surgeon.

For twenty-five years he was attending and consulting surgeon to the Marshall Infirmary. He was an ex-president of the Rensselaer County Medical Society, and a member of the New York State Medical Society. He was twice elected mayor of the city, a position which he filled with honor to himself. Some years since he was stricken with palsy and was obliged to give up active practice, though it is said he afterward performed lithotomy.

DEATHS.

McBRIDE.—In Rainsboro, Ohio, November 12th, 1876, of cerebral meningitis, Otto T., son of Dr. D. N. and S. A. McBride, aged seven years and seven months.

MOFFETT.—On the 4th inst., of typhoid fever, at his residence, in this city, Richard Moffett, M.D., in the 38th year of his age.

THE

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Original Department.

Lecture.

TREATMENT OF INTUSSUSCEPTION, OR INVAGINATION. BY FLUID INJECTIONS, OR FORCED ENEMATA.

BY THOMAS HAWKINS, M. D.,

Bellevue Dispensary for Outdoor Surgical and Medical Relief.

Reported by Frederick J. Garbit, M. D., for the Medical and Surgical Reporter.

This prevalent but little understood affection is very variously treated by medical practitioners, and but seldom with success. The practice of fluid injections is, however, gradually obtaining the confidence of the medical fraternity of New York, and in the majority of cases is attended with marked success, though a considerable section of our professional brethren still refrain from according to it an unqualified approval. With the view of throwing some additional light on its effectiveness as a remedy, I present to your readers the record of three recent cases in my practice, which, from the peculiar features in their history, and the satisfactory results of the treatment, will doubtless prove of interest.

Case 1 was that of a healthy male child, colored, whose only ailment since his birth was a chronic constipation. He was suddenly taken sick on July 1st, with severe colic, grasping pains, at intervals of twenty or thirty minutes, each paroxysm lasting some four or five minutes, and being accompanied by excessive nausea and vomiting, marked tenesmus, and frequent discharges of blood and mucus. These paroxysms increased in number and intensity during the two or three succeeding days, when his mother brought him to my office for treatment. Even during his brief visit there he had two or three very severe attacks, in which all these symptoms were specially prominent, but after a time they subsided, and he gradually went off in a quiet sleep. The feeble pulse, clammy, cold skin and livid lips caused me at once to suspect invagination or intussusception, and I therefore prescribed a small dose of opium and chloroform, to be repeated every hour.

When I visited him the next day he was very weak and prostrate; in fact, almost moribund. I then introduced my finger up the rectum, but failed to discover any tumor. Under the circumstances, however, I decided on the use of fluid injections per rectum. The first time I injected ten ounces, which was returned with great force. At an interval of ten minutes, I repeated it; but injected it very slowly, taking fully fifteen minutes to inject fifteen or twenty ounces. The water was, however, speedily ejected, considerably tinged with blood. The use of the enema apparently increasing the tenesmus, I discontinued this treatment, and ordered—

℞. Tinct. opii,
Chloroformi,
Camphoræ, āā gtt.xv.

Three hours later, on the same day, I visited him again, and found him extremely weak and anæmic. I repeated the injection, using the utmost force obtainable from a Davidson's syringe. The child appeared to suffer great pain during the operation, and for some time

there was no abatement in the severity of the symptoms; but at last the spasm and rigidity of the abdominal muscles, which had been so persistent from the first appearance of the intussusception, disappeared. I therefore injected about three pints more water, and on removing the nozzle a considerable amount of fecal matter was ejected with the returning water. I then directed that he should be kept perfectly quiet, and prescribed tincture opii, chloroform and camphor, in sufficient quantity to relieve pain and insure quiet.

I saw him again the following day, and found that he had had a good night's rest; had two evacuations, and was perfectly free from pain.

Three days later I again visited him, when the symptoms had entirely subsided, and, with the exception of a slight emaciation, he was in perfect health, eating heartily and sleeping soundly.

Case 2.—J. F., aged 10 years, a member of the "Jackly Family," a gymnastic troupe, a healthy, well-developed boy, but subject to frequent attacks of constipation, was suddenly seized with severe, crampy pains, so intense and agonizing in their character as to render him almost uncontrollable during the paroxysms.

On July 11th, 1875, while engaged in one of his public performances, he was seized with one of these attacks, the paroxysm lasting three or four minutes, and an interval of twenty-five minutes occurring between each attack.

About two hours subsequent to this seizure I was sent for, and, on arrival, found my patient with his hands clasped firmly over the lower part of his abdomen, his legs drawn up, and his head between his knees, screaming, and rolling about from one side to the other. The pulse was normal, but the body was entirely suffused with perspiration. Accordingly, I directed that twenty drops each of tincture opii and chloroform (repeated within fifteen minutes) should be administered, and by this means I succeeded in keeping the symptoms under control. On exploring the rectum, by digital examination, I detected a smooth, oval-shaped tumor, sufficient to warrant the diagnosis I had already made of an intussusception. Though one of the most important diagnostic symptoms (that of vomiting) had not as yet appeared, the usual tenesmus, and passage of blood and mucus, had been markedly prominent.

I ordered a repetition of the opium and chloroform treatment; and in the absence of an apparatus described at the close of this paper (recommended by Prof. H. C Wood, Jr.), procured a Davidson's syringe for immediate use. Placing the boy on his chest and knees, and flexing the thighs firmly against the abdomen, I had the nates tightly compressed against the nozzle of the syringe by an assistant, whilst I injected the fluid in o the bowel with all the force of which the instrument was capable. In this manner I succeeded in injecting more than twelve ounces, which was almost instantaneously ejected, highly tinged with blood. After a persistent and continuous perseverance, I succeeded in the retention of about a pint, which caused the most excruciating pain to the patient, and followed it up by rapid injections, amounting in the whole to about two quarts, when he gave utterance to a sudden scream, and then relapsed into a state of quietude. I subsequently increased the injection to five quarts, and, removing the syringe, the water came away, the boy had a free evacuation, and, placing his hand on his abdomen, exclaimed, "All right, all gone." Administering another dose of opium and chloroform, the little patient was in a few minutes enjoying a sound and refreshing sleep, and on his awakening on the following morning he was in perfect health, excepting the trifling weakness consequent upon the severity of the attack.

Case 3.—T. B., a beautiful, sprightly, healthy, bright-eyed girl, aged three months, whose only trouble was a habitual constipation (evidently hereditary from one or two generations), was brought under my notice on January 17th, 1876, having just suffered from an attack, while nursing from the bottle, with the most alarming and violent paroxysms of pain, so severe in their character that her mother, a very intelligent and refined lady, thought that the child's food had accidentally passed into its trachea. These paroxysms lasted from four to five minutes, the intervals of quiet ranging from twenty minutes to half an hour, and gradually growing more frequent and severe. The mother remarked that, when she removed the child's diaper, she found a small quantity of blood and mucus.

At the time that I was consulted in reference to the child, the intervals of these paroxysms had been reduced to *ten* or *fifteen* minutes, she all the while writhing and crying with the intensity of the pain. At the concluding part of the attack, her limbs became fixed and rigid,

her knees and chin very nearly meeting, and remaining in that position until the vomiting and passage of blood and mucus from the bowels, when the rigidity would relax, and a period of quietness would supervene.

Although no tumor could be detected, by exploration, in the rectal or right iliac region, the history of the case, and the symptoms which we have detailed—the sudden seizure, early nauseous vomiting, and passage of blood per anum—all unmistakably demonstrated the presence of an intussusception.

As a Davidson's syringe was the only immediately available instrument, I proceeded at once to place the child in the chest-and-knee position, and gave a copious injection of soap and water. Though its extremities were elevated at an angle of forty-five degrees, I found it absolutely impossible, not only to prevent the rejection of the water, but also to keep the nozzle of the syringe in its proper place, or to compress the bulb. After great and repeated efforts, I managed to inject and retain some three or four ounces; but the moment the syringe was removed the water was ejected with considerable force, after which the symptoms subsided, and she dozed off. I accordingly gave orders for the repetition of the injection every four hours, during my absence.

On the following morning I called again, when her mother informed me that the paroxysms had occurred at intervals of thirty minutes throughout the night. I at once ordered tinct. opii, camphor, and chloroform, and commenced the injection of soap and water, encountering the same difficulties as on the previous day. After persevering for more than an hour, unsuccessfully, I succeeded in forcing two quarts into the bowel, which, though it gave the child great pain at the time, ultimately subdued the paroxysm. I supplemented it by a small dose of the tinct. opii.

Visiting the child on the next day, the mother informed me that it had had two evacuations of the bowels during the night, the greater part being fecal matter.

On March 22d, 1876, one month later, I made my final visit, when the child was in the enjoyment of uninterrupted health.

The three cases I have here narrated I have every reason to believe were genuine cases of inflammatory intussusception, and were the only ones, throughout my entire experience, where the symptoms were sufficiently clear to warrant an absolute diagnosis of that kind. Though an intussusception of the bowels cannot, in many cases, be satisfactorily determined by positive signs during life, and can only be ascertained by a post-mortem examination, yet, in the majority of instances, the diagnostic symptoms are apparent and distinctive to every practitioner. The practice of fluid injections is valuable, not only as a means of diagnosis, but as a means of immediate relief, if the cause of the trouble be impacted fæces. No injury can possibly occur from the treatment, and there is every probability of an immense amount of benefit accruing to the patient in any case. It is at all times a harmless but effective test, a remedy which cannot injure the recipient.

The prognosis, in this disease, is usually considered as extremely unsatisfactory, by the most prominent and esteemed medical authorities.

Mr. Carman ("Guy's Hospital Reports," vol. iii, 1838), one of the earliest writers on this subject, remarks, that "Inflammatory invagination is extremely dangerous, and very frequently fatal; though, in some exceptional cases, recoveries have occurred by sloughing."

Dr. J. Lewis Smith, of this city, collated the histories of some fifty-two cases of intussusception, only seven of which recovered; and, in his remarks thereon, observed that "It is so grave an accident that a physician, when called upon to see a case, should always predict a fatal termination." He furthermore remarks, that "Infants suffering from intussusception, other than the most simple forms, almost invariably die." The same author again says, "We cannot, with any reason, expect recovery, except through sloughing."

Other authorities speak less decisively, though in the same tenor, as to the fatality of this disease; among them, Drs. Vogel and West. Dr. West remarks, that "Some cases terminated favorably which were treated by inflation of air."

Dr. Brinton, and others, allege that inflation is productive of great injury to the patient. Dr. Janeway, on the contrary, reports a case successfully treated by inflation.

Dr. Wood, in his "Practice of Medicine," asserts that "calomel and leeches" are the only remedies that can be relied on.

Dr. Vogel, in his work on "Diseases of Children," remarks, that "The most rational treat-

ment consists in absolute rest, strict diet, and the production of narcotism by opium, * * * * while the agglutination takes place all around."

Dr. J. S. Bristowe (in his excellent article on "Enteritis," in Reynolds' "System of Medicine") says, that "Inflation can only be of service when the invagination is in the large intestine."

Dr. J. S. Warner (New York *Medical Journal*, May, 1875) reports two cases successfully treated by fluid injections. He urges repeated trials, and believes that by careful and slow manipulation, we will, in many cases, succeed in causing the fluid to be retained, where we might otherwise fail.

Dr. Robert Battey urges the persistent use of distensile enemata. He protests against the injunction contained in "Flint's Practice," that "the injections are not to be pushed beyond the point at which they are borne without much suffering." He also calls in question the statement that "they will rarely succeed after the invaginated portion of the intestine has become swollen by congestion, and the peritoneal surfaces in contact have become adherent." He has injected twenty and twenty-five pints at a time, and has even pushed it so far as to "cause the fluid to pass through the entire alimentary canal and flow from the mouth." I fully agree with Dr. Battey, for I believe that the reason that the injection of fluids has not been more successful in the hands of those who so bitterly oppose their use, is because they did not push it beyond the point at which it could be borne without pain; and I also believe we may and will do more injury to our patients by repeated feeble attempts, for the reason that in that way success is but rarely attained, and we only aggravate and intensify the tenesmus, thereby exhausting the patient and lessening his chances of recovery by sloughing. But I am convinced that success will be achieved in nine cases out of ten, and the strangulated intestine restored to its normal condition, by the use of forced enemata; and unless there be some well-grounded apprehension of gangrene, in every case of intestinal obstruction, whether suspected, incipient, or developed, the injection of fluids, judiciously and properly directed, need be the only means of cure invoked, except the occasional administration of an anodyne. As Gustave Simon has successfully demonstrated, "it does not matter whether the invagination be in the small or large intestines; in either case, they can be easily and readily distended." Experiments were made by that eminent practitioner on two patients who were suffering from intestinal fistulæ, the opening in the one case leading into the large intestine about the junction of the cæcum and ascending colon, and in the other into the small intestine.

Mosler also reports a recent experiment on a patient, in whom, by introducing his finger through the fistulous opening, he could feel the ilio-cæcal valve; and, by the adoption of Professor H. C. Wood's method (described in the annexed paragraph), effected an uninterrupted passage for the injected water within two minutes of its injection per rectum.

Professor H. C. Wood justly remarks, in the latest edition of his valuable work on "Therapeutics and Materia Medica," that "in administering these copious injections a syringe should never be used. The apparatus which should be provided consists simply of a rectal tube of hard rubber, with a conical point, below which are several medium-sized perforations, an India-rubber tube, two and a half feet long, fitted to the rectal tube, and a funnel. When it is desired to force fluid into the small intestines, the patient should be placed in the knee and shoulder position, so that the pelvis may be at a right angle with the shoulder; and the stream of water should be carefully and slowly injected. It is essential that the tube should be fitted with a stop-cock, or so compressed with the fingers as to regulate and modify the passage of the liquid. In this way from five to nine pints may be injected without difficulty."

In conclusion, I would observe that, in the administration of this remedy, there are three rules essential to its success:—

1. The use of the utmost force possible, but with great care and caution.

2. Persistent and continuous repetition of the injection until the passage is effected.

3. The adoption of a suitable position for the patient.

In reference to the last named precaution, Dr. Stephen Rogers, of this city, remarks (New York State Medical Society's *Transactions*, 1872) that "In the power by which the displaced bowel is forced back to its normal position, water cannot be dissimilar in its effect to that produced when air or gas is the agent, unless the weight of the fluid be applied as a factor. But, if the position of the body be so changed from the horizontal as to elevate the rectum as

far above the obstruction as possible, it will be readily seen how hydraulics will give more force at the point of obstruction than at any other part."

Hospital Reports.

NERVOUS INFIRMARY.

CLINIC OF S. WEIR MITCHELL, M. D.

REPORTED BY C. C. VANDERBECK, M. D.

Case 14.—A very interesting case of

Epilepsy

is before us this morning, gentlemen, presenting the following history. This boy is ten years of age, and has enjoyed most excellent health all his life until five weeks ago. At this time, while on a visit to the coal regions, he fell from a high fence, striking upon the top of his head. He felt quite stunned, and lay some time upon the ground, unable to move, but was not unconscious, he thinks, any of the time. He managed to get to the house, which was not far distant, but on his arrival, feeling badly, he instantly went to bed. Two weeks after this he had vertex pain, and became maniacal for an hour or two, which was followed by a well-formed epileptic convulsion. The boy is very bright and intelligent, and gives a lucid history of the fall and its immediate effects. There is no history of epilepsy or other nerve trouble in the family. In all probability the fall was the exciting cause, as the mother has already surmised. The patient has two attacks a week, making about ten or twelve that he has had in all. Before each seizure he has the strange mental perversion noticed prior to the first attack. After the fit he sleeps for a short time, and when he awakes it is to perfect restoration; that is, he has no dullness of mind or depression of spirits. His appetite is good, bowels regular, and he seems to be in fair general health, except the quite frequent occurrence of headache. Inquiring more particularly into this stage of excitement, the mother describes it as follows: She says her son becomes very excited and cross, and gets very angry upon the least provocation. He strikes at us, tears whatever he can get his hands on, and swears awfully. When he is well, there could be no better boy; he is quiet, polite, and never swears. She again assures us that this condition precedes each attack of convulsions.

Remarks.—It is to be observed that this lad has at times a good deal of headache, but although he has occasionally tenderness of the scalp, I can find no evidence of fracture or local injury. Should other treatment fail or meet with but partial success, I shall probably blister the scalp, but at present I am tempted, by the one singular feature of his case, to try an unusual mode of treatment. Mania *after* an epileptic attack is common enough, but to see an attack preceded by mania lasting for half an hour to an hour, is a very rare incident. I remember twice, at least, to have seen mental excitement of a mild type, with nausea, precede a fit, and in these cases I cured the disease by free use of bromides, with an emetic given whenever the above-mentioned symptoms were felt; I mean to say that the epilepsy was really and entirely cured.

In the present case, I mean to give an emetic of ipecac whenever he becomes maniacal, and we shall note the result without other medical aid. If the lad were in the hospital I should resort to my abortive treatment by nitrite of amyl. You will understand, of course, that I use the emetic with the hope of breaking in upon a morbid sequence of symptoms leading to a fit. This is usually easy to do in epilepsies, in which the warning, such as an aura, is prolonged. In this case we have the best possible opportunity. Now, whether the fit of epilepsy be primarily due to vasal disturbances or not, it is sure that such agents as suddenly avert or abort it are, like the nitrite, gifted with power to suddenly alter the size of the cerebral vessels. Nothing is more potent to do this than emesis, as I could readily point out more fully did time permit.

[I wish to enhance the value of these clinical reports to readers of this journal, therefore I shall be careful to report *results* of cases mentioned, a feature too often neglected. The cases will be numbered consecutively, and when a result is given, reference will be made to the number, when the full history may be obtained.]

Sunstroke—Lead Poisoning.

Case 15.—The case now before us is difficult to diagnose, on account of the imperfect history obtained. The man is fifty-four years of age, and a worker in a lead factory, where he has been laboring for twenty-seven years. You at once recognize the lack of expression in his face, and on being questioned, it is with much difficulty that he can be made to understand. He has brought his wife with him, as an interpreter, but, as is so often the case in the lower classes, it is next to an impossibility to obtain the desired information; they both talk enough, but run into minutiæ of family history that give you no light, and simply consume valuable time. From the very start, then, we labor under a disadvantage in making out the diagnosis of this case By much effort, I have elicited some of his history. He says he was in the army, and was sunstruck two different times, but whether he was unconscious or not he cannot tell. He was captured by the rebels and held as a prisoner in Richmond prison, and has never been well since. Suffers with constipation and thinks he has had lead colic. This is all of the subjective symptoms and of the history that we can obtain. The objective signs are marked; there is great mental hebetude, requiring but a glance to recognize

its presence. There is no tremor, no palsy, though his wife says he cannot button his own clothes, on account of feebleness of the arm and hand. The skin is pallid and waxy. A slight blue line is detected, in places, on both upper and lower gums. The question is, has this man a hebetude from lead poisoning, or does his trouble date back to the sunstroke and prison life during the war? If we could obtain a better history it would give us much aid. Sunstroke is a fertile source of all forms of nervous diseases, and might have something to do with this case. The fact of his long employment in lead works, and that he has a blue line on the gums, favors the opinion that he is suffering with a form of lead poisoning. Mental hebetude is one of the rarest manifestations of the absorption of lead into the system. We had a case once before, here, and were fully satisfied as to its nature. The wife states that this condition of his mind came on lately; this also is in favor of the dependence of the trouble upon lead, rather than upon the former sunstroke. This is a case for therapeutic diagnosis, treating him for lead poison and noting the result.

Let us give him a solution of iodide of potassium in water, five grains to the drachm, and as soon as possible run the dose up to one hundred grains daily.

Chorea.

Case 16. This is the third time this girl has been here to be cured of chorea. Twice has it been arrested, but each spring and autumn it returns. This relapse began one week ago, and originated in the fingers, and now the hands of both sides are involved. At previous attacks her face was also affected, but now only the tongue twitches. We have discovered here that if the autumns are warm our clinics are frequented by these relapsing cases of chorea. A cold snap improves them. The same remark holds true of the spring; if the weather is warm and damp, frequent relapses of this disease occur. This patient is anæmic, and has a loud systolic functional murmur of the heart. Give her cod-liver oil all winter; also wine of iron and arsenic, three times a day, until the twitching stops; in fact, for some time afterward. It is a good plan to keep on with these for a time after all the symptoms of chorea disappear. Begin with five drops of Fowler's solution, and increase a drop a day.

Some of you have seen that Dr. Stevens, of Albany, has lately stated that all cases of chorea depend upon defects of vision. I have shown, as you are aware, that many headaches, some forms of vertigo, and certain other disturbances of health, do depend on the strain caused by imperfect vision, so that there is no reason why these might not be the determining cause in some choreas; but why do choreas get well without glasses? These other symptoms do not. There are other reasons against Dr. Stevens' view, but it is so easy to test the matter that I shall not argue where proof can be obtained.

Dr. Gerhard, whose papers on chorea have already brought out some valuable points, has undertaken to test this one.

Sclerosis.

Case 17.—Man, aged twenty five. This man's horse ran away with him five years ago, throwing him out of the wagon, he striking the ground upon the top of his head. He lay unconscious for some time. When he came to he found that his left arm was broken, and that the right one was paralyzed. The left arm could not be moved at all, on account of the severe pain; the right he could voluntarily move only a little. This arm began to improve in the course of three months. Every movement now is good, he says, save writing, and as he now makes the attempt you notice how imperfectly it is accomplished, on account of the marked tremor that exists. Close questioning elicits the fact that any *small* muscular motions, such as drawing, threading of a needle, and sewing, produce the same phenomenon. Gross muscular movements, such as driving, lifting, and so on, can be performed with freedom. The tremor, as a rule, is small in character, that is, the vibrations, so to speak, are rapid and short; but it is intensified to its maximum, both as regards its severity and its character, when he attempts to carry a cup to his mouth, in the act of drinking. You see it is almost impossible for him to get the vessel to his lips without splashing out the water.

For but a moment I supposed this man to have some form of writer's palsy; but although he lacks many of the signs of anterior lateral sclerosis, I have no doubt that this is his disease. He has no tremor when at rest, and only shakes when engaged in volitional acts. Nystagmus, which seems common in France in these cases, is unusual here, as Dr. Gerhard has pointed out in a recent paper in the *Medical Times*. I have lately observed a very delicate test for this symptom in its minor degrees, when, in fact, it would not be recognized by ordinary inspection. If the eye is looked at for the direct image, with the ophthalmoscope, the slightest nystagmus is readily seen, and in this way I have twice, of late, made sure of its presence where I could not otherwise have seen it.

Another point is worthy of your attention. This man says he has not had syphilis, but it is not certain; yet, whether or not he has had it, is of little moment. I have seen many, very many cases, of posterior and anterior sclerosis with a syphilitic history, but I have never seen it cured by specific treatment. Once well under way, it matters little what caused it, the disease is ineradicable. Sometimes the patient seems a little better, for there is, besides the graver lesions, some variable element of mischief, possibly, congestion of the cord. Or the disease makes a long pause, or, what is rarer, it stops for years, but the symptoms remain. It is in arrest, not cured. But, mostly, the man goes from bad to worse. The present case is

unusual, because it seems to date from a hurt; and as to treatment, we have discussed it very fully at a recent clinic.

Imperfect Brain Development.

Case 18.—This is a sad case, but such a one as may be brought to your attention more than once during your professional life. The father brings the child for an opinion, what he shall do with him or for him. The boy is physically well formed. The skull is of normal size. He was perfectly well when born, and has had no acute sickness of any kind. He is now three years of age. When he was fifteen months old he began to have spells of half crying and laughing, and now and then attacks of paleness. It was soon found that his mind was not developing, that he could not speak any better, and that he did not have that increase of intelligence which is so marked a feature in healthy children. There has been here, for some reason or other, an arrest of brain development. It is impossible for me to give a reason for this. We cannot do anything for that boy here. Medicine is not needed, and the institution does not receive into the wards such a patient. The father comes here anxious to have something done, and it is for us to give an opinion, to advise him as to the best course to pursue. If it were my child I would do nothing, save some drilling at home. If this boy can be gotten into a training school, it would be the best thing to advise. Efforts might be made to get him into the school at Media, Pa.

You will very often be asked early in the lives of children as to whether they are "all right" or not. It is then needful to examine with care the special senses, as to which you can need no hints; but there is one point which ought always to excite your alarm: when a growing babe has defect of power to keep the head erect, it is, for reasons which I do not comprehend, apt to have some defect of intelligence, and to prove to be, as time goes on, an idiot. This hint you may find of use.

CHARITY HOSPITAL, SATURDAY, NOVEMBER 4TH, 1876.

SERVICE OF HENRY LEAMAN, M. D.

REPORTED BY C. C. VANDERBECK, M. D.

Case 1.—This is a very interesting case, as it presents some very curious and important points. The woman's name is Mary Lambert, aged 24. Before her marriage, seven years ago, she enjoyed excellent health, having never been sick a day, she informs us. After being married one year, she had a miscarriage of a seven months' fœtus. Soon after this an abscess formed over the lower fourth of the sternum, followed by the discharge of several small pieces of bone; you see the scar plainly. She has had, in all, three miscarriages, and two full-term births. The strong probability of the syphilitic nature of the abscess is strengthened by the frequent occurrence of miscarriage. Syphilis is a fertile cause of this mishap, and that it had much to do with this case, I feel quite confident. While carrying the fœtus of the fourth pregnancy, she came under my care. I put her on specific treatment; this time she went to full term, and was delivered of a living child. On inquiring into the health of this girl, who is now two years old, we find that she presents unmistakable signs of constitutional syphilis. I think this case interesting, showing so clearly the detrimental effect of the syphilitic poison upon the fœtus. It is for us to settle now how this woman became infected with this terrible taint. Did she have constitutional syphilis at the time of her marriage, originating from her own habits in life? Did the husband produce a chancre upon the mother's parts? or did he have a specific taint of his system, the influence of which he transmitted to the ovum, causing its ultimate destruction, and the contamination of the mother's system at the same time? All of these are possible conditions. She possibly may have had primary syphilis before marriage. The cases coming to such an institution as ours are of such a character that implicit confidence cannot always be placed in their statements. She may not have been so virtuous as she would have us believe. Again, a chancre upon the uterus, produced by the husband, is a sufficient cause to explain the miscarriage, for it is well known that local diseases are frequently the cause of this mishap. Finally, this woman's system may have become contaminated from the ovum, and this, I think, is the most probable idea of the case.

Ramsbotham says, in his master-work on obstetrics, that a perfectly healthy woman, bearing an ovum tainted by the syphilitic virus derived from the father, may become inoculated with the disease during the progress of gestation, in consequence of the close vascular connection. Furthermore, the form of syphilis that breaks out in such an infected person is the secondary or tertiary, and occurs very soon after pregnancy is completed. I say I am inclined to believe this just such a case. Her statements are uniformly the same, and seem truthful. I know the husband to be affected with "rheumatic" pains, especially worse at night. The fact of tertiary symptoms coming on shortly after the miscarriage, also favors this opinion. She did not come here this morning, however, for treatment for any evident syphilitic disease, but it afforded me a good opportunity to call your attention to these interesting and important points. She complains now of a smothering and of excessive weakness. Her bowels are costive, and you notice the decided anæmic look. She is nursing the second full-term child, and no doubt the infant is exhausting her. What this woman needs is just what is very hard for her to obtain, a varied

and nutritious diet, plenty of fresh air and sunshine. We shall give her as a tonic:—

℞. Tinct. ferri chlor., ℥ss
Cinch. sulph., gr.xx
Syrupi, ℥ss
Aquæ, ℥iij. M.

Sig.—℥j ter die.

In this institution we are advised to use the cheapest drugs, therefore cannot prescribe the more elegant or more fashionable preparations of iron. It is a question, however, whether the old tincture is not as good as many of the newer kinds of iron. Cinchoniæ sulphas replaces the quinine salt for the same reason. In order to lighten the labors of our druggist, and to facilitate prescribing, I have a series of prescriptions called "house preparations." Some of these may be of value to you, and you may, if you so desire, enter them in your note-book.

STIMULATING LINIMENT.

℞. Ol. terebin., ℥ss
Ol. olivæ, ℥ijss
Aq. ammon., ℥j. M.

MIST. RHEI ET SODA.

℞. Syr. rheii aromat.,
Tinct. gent. comp. āā ℥j
Soda bicarb., ʒij. M.

MIST. FERRI COMP.

℞. Ferri sulph., ℥ijss
Glycyr. lt. pulv., ℥ij
Magnes. sulph., ℥xvj. M.

Sig.—Teaspoonful in a wineglassful of water before breakfast

PULV. GENT. COMP.

℞. Pulv. gent., ℥ss
Sodii bicarb., ℥ij
Sodii et pot. tart., ℥j
Pulv. zingiber., gr.x M.

Sig.—Put this in a quart of boiling water, strain and take a wineglassful ter die.

DUNGLISON'S SALINE.

℞. Magnes. sulph., ℥j
Ferri sulph., gr.x
Pot. bitart., ℥ij. M.

Sig.—Put in a quart of cold water and take a wineglassful ter die.

Case 2.—This case has given me much trouble. The man is thirty-five years of age, and came here first about the 20th of September, complaining of chills and fever. He had bleeding at the nose once, and several passages from the bowels a day, and also complained of feeling weak. I feared typhoid fever. The chills were so much like those of intermittent fever that I put him on quinine treatment. He is still very weak, and has several discharges from his bowels per diem, though it has been almost two months since he first came here. The prostration of his powers has never reached that degree as to cause him to go to bed. but I have no doubt now but that this is a walking case of typho-malarial fever, a modified form of typhoid that has largely existed in our city this autumn. He complains of some pain when his bowels are moved. Pulse 107. Prescribed thus:—

℞. Acid carbol., gtt.xv
Tinct. opii, ℥ij
Syrupi, ℥ij
Aquæ, ℥ij M.

Sig.—℥j every four hours.

Case 3.—This case will illustrate how a small matter may create a great evil. This man, aged forty-five, while walking, made a misstep that carried one foot suddenly off the curbstone, jarring the whole system, as well as the foot. In a short time he found that walking was painful, and in a few days all the symptoms of inflammation of the synovial membrane of the foot were present. He calls it a sprain; but in many of these cases it is far more than tearing up of parts; there is actual inflammation set up, especially of the extensive synovial membrane of the foot. In the early stages, one of the best modes of treatment is to put the afflicted member under the hydrant and allow cold water to run upon the part for fifteen or twenty minutes, and repeat this process several times a day. This is not only a cheap way of treating, but it is effective. Even in late cases it is a good plan, but in addition a stimulating liniment can be ordered, to be used just after the cold douche. The case before us is of some weeks' standing. I shall direct him to apply the water, and afterward to use our stimulating liniment, the formula for which I gave you a few moments ago.

Case 4.—The last case before us this morning is that of a young man, suffering with what he calls a "hurt in the privates," but which we find upon examination to be a clear case of gonorrhœa. The only point of interest in the case is the short period of incubation. If we can rely upon the statements of this patient, he began to feel signs of the "hurt" two days after he was "struck." He experienced a tingling sensation. Now you notice a creamy discharge from his urethra, though only four days have elapsed since the encounter. He positively affirms that he had not wrestled with Venus for six months before this last affray, therefore the incubation must have been either six months or else two days; the latter is the more probable. It is usually considered by the people to lie latent for nine days; many cases however, show the discharge as early as the fifth day, and some few within the course of twenty-four hours. There is great diversity in this respect, in different individuals. This being in the early stage, we shall treat him antiphlogistically, ordering as yet no specific. Let him take a dose of Epsom salts, and syringe the urethra with warm water, simple or medicated with extract opii, and keep as quiet as possible. He may come back at my next

clinic, on Wednesday. We frequently have men to explain the existence of private disease by an account of a hurt or strain. This is particularly the case with married men, who fear the fact becoming known to their wives.

Saturday, November 18th. The man suffering with typho-malarial fever, the walking case, reported above, came to-day, and says he feels much better. He has had no diarrhœa for several days, and is gaining strength rapidly.

Dr. Leaman being called out to a confinement case, the reporter now carried on the clinic.

Case 5.—This man, aged 42, has an ulcer on the lower third of the left leg. It began a week or so ago, and has increased in size, until now it is about as large as a silver quarter. He has had for over a year an ulcer on the opposite leg, lately cured under Dr. Leaman's treatment. Just as soon, however, as that leg was well, this one became diseased. He presents a syphilitic history. The shape of the ulcer is irregular, but there is no undermining of the edges. It is covered with a yellowish, semi-solid, aplastic lymph, and for a considerable distance away from the ulcerative action signs of inflammatory action are seen, the skin being red and hot. He complains of a burning and tense sensation. A mode of treatment that I have frequently seen do good is to tap the congested tissue around about the ulcer, thus to produce a local bleeding, and to modify the inflammatory action. Having tapped this man, much dark blood escaped, and in a very few moments he exclaimed, "Oh, what relief! What comfort!" Warm water was allowed to flow upon the part, to keep up the discharge of blood, after which he was ordered to apply a bread and milk poultice, and to keep the limb at rest in an elevated position. He was also ordered :—

℞. Pot. iod., ℥ij
Hydrarg. bichlor., gr.ss
Aquæ, ℥ij. M.
Sig.—One drachm ter die.

Case 6.—This woman complains of inability to use her right arm. Having it well exposed, the rotundity and general shape of the shoulder show there is no dislocation. Moreover, she is able to put her hand on her head and on the opposite shoulder; this is also against the idea of dislocation. Closely questioning this woman, we find that the lack of motion is not due to any mechanical reason, as dislocation or fracture, nor to palsy of the deltoid, but rather to the pain caused when the arm is moved. She can, by effort, use the member far better than I at first imagined. She is able to extend it at right angles with the body. When I grasp it and move it, there is no obstruction to its movement in the glenoid cavity. The question then is, what is the character of this pain? She has never had acute rheumastism; but I am inclined to believe this a case of chronic rheumatism. She is a washer-woman, and a general worker at scrubbing and cleaning, and is much exposed, and often drenched with water; this favors the idea of its rheumatic nature. Based upon this theory, I order her a blister for the shoulder, and the following prescription :—

℞. Pot. iod., ℥ij
Pot. bicarb, ℥iss
Colch. vin. rad, f.℥iij
Tinc. gent. comp.,
Aquæ, āā ℥ij. M.
Sig.—One drachm ter die.

The few cases remaining are not particularly interesting, save the feature that a syphilitic history is connected with each one. It is remarkable how largely syphilitic affections enter into the class of diseases treated at this hospital. I have spent considerable time at various dispensaries of this city, and the same remark applies to all of these various institutions. Syphilis modifies or impresses almost every disease prescribed for, like the influence of malaria in malarious districts, stamping its characteristics upon each and every complaint. So in treatment, as quinine must enter into the prescription of those practicing in those miasmatic sections, so here must bichloride of mercury and iodide of potassium be added to the plan of treatment. It would be wrong, however, to deduce from this that this terrible disease is chiefly confined to the low classes. Thousands of unsuspecting, noble women have been infected by reckless husbands. Gross tells of its propagation by the lover's kiss, and myriads of innocent children have been doomed by hereditary influence to lives of misery and wretchedness. All this is met among the highest as well as the lowest, among the rich as well as the poor, a curse which such noble men as Gross and Sims have so lately endeavored to stamp out by proper legislation. A little pamphlet, an extract from an address delivered before the American Medical Association, by J. Martin Sims, M. D., should be in the hands of every practitioner of medicine, showing how easy and practicable legislation might be upon this subject.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, November 8th, 1876. Dr. C. K. Briddon, President, in the chair.

Dr. Lewis Sayre, Jr., exhibited a pair of forceps which he had used in the removal of a button from the nasal cavity of a child.

The President said that when an instrument could not be introduced into the nose the foreign body might be pushed out through the posterior nares.

Mammary Tumor.

Dr. H. B. Sands presented a specimen of tumor of the mammary gland, which he had removed by operation from a patient in Roosevelt Hospital on the same day. The history was as follows: A woman, aged thirty-eight; had never had any children, and had always

been healthy. Three years ago she first noticed a small, hard swelling, situated on the inner side of the left nipple, not, however, involving it. The tumor had not grown rapidly until six months ago, when it began to increase in size, not so much, however, as six weeks ago, from which time it grew very rapidly. When the tumor was first seen by the Doctor it was twice as large as two months ago. The gland measured about six inches in the vertical, and very nearly twelve inches in the transverse diameter. It was movable on the pectoralis major muscle. There was marked fluctuation on the inner side of the growth. The areola was healthy, and the nipple not retracted. The fluctuation, which was communicated to the hand on palpation, simulated chronic abscess behind the gland. The needle of a hypodermic syringe was introduced into the tumor, and a clear, reddish fluid withdrawn. On examination it was found not to be viscid, but on the application of heat albumen was detected; a microscopic examination only showed the presence of blood globules and corpuscles of an indifferent nature. The diagnosis laid between a proliferous cyst or adenoma, a retention cyst, caused by dilatation of one of the gland ducts, or a sero-cyst.

The Doctor inclined to the opinion that the tumor was a sero cyst, on account of its size. However, to make the diagnosis more certain, he had tapped the tumor, as a preliminary measure, thereby allowing four ounces of fluid to escape. The swelling not having perceptibly decreased in size had made him exclude the diagnosis of sero-cyst. The tumor was removed by excision, no difficulty attending the operation. The integument had contracted adhesions to the growth. On examining the specimen it seemed that the entire mass had undergone degeneration, of a cheesy kind. The cyst had occurred at the margin of the tumor. The tumor seemed to have no distinct wall; one of its edges looked like œdematous glandular tissue.

Dr. Sands thought that a microscopic examination would probably show the tumor to be a cystic adenoma, having undergone degeneration. The specimen was submitted to the Microscopic Committee, for examination.

The Doctor, in answer to one of the members of the Society, stated that the patient was not cachectic, nor had there been any signs of enlargement of the lymphatic glands in the axilla.

Tumor of Larynx.

Dr. Beverly Robinson presented portions of a tumor which he had removed from the epiglottis. He requested the Microscopic Committee to examine the specimen, there being a question as to the nature of the tumor. He thought that the growth was probably epithelial in character. Certain interesting points were involved in the question. These were: first, the age of the patient, who was only thirty-one, epithelioma of the larynx at that period of life not being likely to occur; secondly, the presence of enlarged lymphatic ganglia about the jaw, whether this was an indication of malignant disease of the larynx or not, though it was given as such; thirdly, the laryngoscopic appearances of the tumor were those of malignant disease. The patient suffered pain, accompanied with dyspnœa and dysphasia.

Dr. A. H. Smith wished to know whether epithelial growths were accompanied by enlargement of the lymphatic glands in their neighborhood.

Dr. Satterthwaite replied that they did not occur at the commencement of the disease, but at a later period.

Dr. Sands said that thirteen years ago he had presented a specimen of sessile growth, which he had removed from the larynx of a servant girl. It was small and filled the left ventricle of the larynx. It could now be seen in the museum of the College of Physicians and Surgeons. While endeavoring to remove it with a snare, he had obtained a specimen for microscopical examination, which proved to be epithelial cancer. He had used the knife in removing the growth, and then had applied the actual cautery. The patient had recovered the use of her voice after the operation. Eighteen months later she began to emaciate, developed a cachexia, grew weaker every day until she died, twenty-three months after the performance of the operation. The autopsy had revealed malignant disease of one of the supra-renal capsules, the corresponding kidney and ureter. This had been one of those cases where the malignant disease had returned, involving internal organs.

Dr. Erskine Mason said that he had presented a specimen of cancer of the œsophagus two years ago, in which the lymphatic glands in the vicinity were enlarged.

Aneurism of Arch of Aorta Containing Bone.

Dr. Gibney presented a specimen of aneurism of the arch of the aorta, the history of which had been kindly furnished him by a student of Dr. Skillman, of Kentucky, who had attended the patient during life. A merchant, aged thirty-three, had been healthy previous to the summer of 1873, when he first noticed the presence of a pulsating tumor, about the size of a walnut, at the sternal notch. The patient would complain of severe paroxysms of pain through the right upper extremity at intervals. These symptoms had existed for two years previous to the appearance of the tumor. About one month after the tumor was seen huskiness of the voice became manifested. There were no well-marked changes in the condition of the patient until he was first seen by Dr. Skillman, in August, 1875. The tumor was large and pendulous, hanging over the sternal notch; the skin covering it was discolored, and pulsation was visible at a distance. The patient suffered greatly from aphonia, dyspnœa, and dysphasia. Death took place on September 13th, following. The post-mortem

examination showed the presence of aneurism of the arch of the aorta. The sac was found to be divided into two pouches. These contained clotted blood and the manubrium (its upper border being denuded) and a portion of one of the clavicles. There was no erosion of the trachea. The lungs were œdematous, and the larynx contained muco-pus. Only two specimens of this kind were to be found in the Bellevue Medical College Museum.

Cirrhosis of Liver.

Dr. Alfred L. Loomis presented a specimen of cirrhosis of the liver, with the following history:—

A lady, 64 years of age; was first seen on November 1st, 1874. She stated that all the members of her family were living and healthy. She had been perfectly well previous to two years before, at which period she had removed from the western part of this State to West Farms, where she had contracted intermittent fever. Quinine and arsenic had only given her but temporary relief.

During March, 1874, she said that she had been attacked with jaundice, this having been of a deep hue, and lasting for two months. At this period she had suffered from paroxysms of intermittent fever. The jaundice disappeared, but by the commencement of June the patient began to emaciate, and was in such a feeble condition as to be unable to rise from her bed. Swelling of the abdomen was present until August, when she was advised by her physician to go to Ritchfield Springs. The patient had so far improved there, within a period of four weeks, that the abdominal swelling had entirely disappeared. The physician at the Springs told her that the abdominal swelling was due to the presence of fluid. She subsequently took cold, had a return of the intermittent fever, with progressive loss of strength and flesh, accompanied by abdominal enlargement.

The patient was brought to this city in November, 1874, and was seen for the first time. On examining the abdomen, it was found to contain fluid. The patient vomited all food, and suffered from paroxysms of intermittent fever every three or four days. The abdomen was tapped two days after the patient was first seen. The liver was found to have decreased in size after the operation; all the other organs were examined and found healthy. The urine was normal. The patient had never been addicted to the use of stimulants. She had never had any trouble with her liver until the occurrence of the jaundice. The patient was ordered a nutritious diet, cod-liver oil and tonics, and improved very much in health. The fluid effusion began to return, and continued until the middle of December, when it rapidly diminished, the abdomen decreasing in size to the extent of a quarter of an inch per day. The fluid had entirely disappeared by January, 1875. Her health had so much improved by the 20th of March that the doctor had discharged her as a regular patient.

During March the patient again took cold; this was followed by coryza, loss of flesh and strength, and, as in the preceding attacks, the ascites returned. She was tapped in May, but did not subsequently improve. The operation was repeated in July. Twenty-seven to forty pints of fluid were withdrawn at each tapping. After the last tapping the patient again improved in her general health. During the following November (1875), there was a greater accumulation of fluid than ever before. Tapping was again resorted to, with satisfactory results. She was discharged once more as a regular patient, in December, her health being much improved. In the treatment of this case, besides tapping, cod liver oil and tonics were relied upon, quinine was given, but only in moderate doses. No calomel, no diuretics, nor hydragogue cathartics were employed.

The patient was not seen until the 1st of May last, when the doctor met her accidentally upon the street. She then informed him that there was no more swelling of her abdomen. On July 1st, 1876, she was suddenly attacked with hæmatemesis, and died of exhaustion at the end of a few days.

Autopsy.—The liver was found to be covered with a thick layer of connective tissue. Its surface was rather smooth than lobulated. There was an increase of connective tissue throughout the organ, presenting all the appearances of cirrhosis. The only evidence of peritonitis was the presence of bands of adhesion between the stomach, pancreas, and liver.

Dr. Loomis said that the peritonitis was not the cause of the effusion, as shown by the character of the fluid, which was serous. If the case was one of cirrhosis, its origin was certainly interesting, from the fact that the attacks were always preceded by cold and coryza, and were then followed by the accumulation of fluid into the abdominal cavity. The early history showed the occurrence of acute jaundice, which pointed toward the liver, and led the doctor to infer the existence at the time of catarrh of the bile ducts. Might not the inflammation on the surface of the liver, the hyperæmia of the liver itself, the result of malaria, and the inflammation extending through the portal canal, all tend to produce an increase of connective tissue? The patient had been seen by a number of physicians, and the diagnosis of hydatids of the liver, cancer of the liver, and chronic peritonitis had been made. Dr. Loomis had diagnosed cirrhosis, though he had not found a cause for it, the patient not having been addicted to the use of alcohol.

Watermelon Seed in Trachea—Tracheotomy.

Dr. Erskine Mason presented a watermelon seed which had been expelled from the trachea after he had performed tracheotomy. The history was as follows:—

On August 5th, 1876, the doctor was called to

see a boy, six years old, in whom, four days before, while eating some watermelon, a seed had entered the larynx. This had been followed by violent fits of coughing and extreme dyspnœa, which had threatened to carry him off. When seen the patient's voice was husky and brassy. There were evidences of bronchitis. On applying the ear over the larynx a flopping sound was heard with inspiration and expiration. Tracheotomy was performed. During the operation, after a violent expiration, Dr. Mason had been struck on the cheek by a small body which was supposed to be the seed in question. However, all attempts to find it proved futile. After the operation the child breathed freely. A canula was introduced through the wound, and removed two days after. On the afternoon of August 14th, just nine days after the operation, the doctor was called to see the child. He had done well previous to the seventh day. On examining the chest, the attending physician had discovered that no air entered the right lung; this was accompanied by abnormal resonance on the same side of the chest. It was therefore thought that the foreign body had lodged in the right bronchus. The wound in the trachea was dilated, not having quite closed. After this operation the patient was seized with a violent paroxysm of coughing, thereby expelling the seed. It had remained in the trachea for a period of two weeks.

Cancer of Stomach.

Dr. Peters presented a specimen of cancer of the stomach, with a history as follows:—

A gentleman, aged fifty three, had enjoyed good health until one year before his death. He was first attacked with dyspeptic symptoms, which became so severe that he resolved to spend several months in Key West. This he did, and returned to New York in the spring. When he was first seen the liver was found to be enlarged, and there was fullness of the epigastrium. The patient had been examined by Dr. Loomis, but no tumor had been detected. No vomiting had occurred at any period of the patient's illness. Pain was complained of in the epigastric region only after eating. One of the consulting physicians had pronounced the disease to be neuralgia of the stomach, probably malarial. The patient, however, had never given any malarial history, but had complained only of pain after eating. Dr. Peters had persisted in the diagnosis of cancer of the stomach, though no family history of cancer could be obtained during the patient's life.

On further inquiry after his death it was found that some of the members of his family had suffered from cancer. The treatment employed was only palliative. It consisted in the administration of thirty grains of hydrate of chloral at night, which gave the patient three hours of sleep; twenty grains given in the morning would relieve the pain in the epigastrium. Death had been accelerated by the patient falling in the darkness of night, striking his head. He died with all the symptoms of cerebral congestion. The points of interest connected with this case were the entire absence of tumor and vomiting. There had been no cachexia present during the patient's life. No secondary cancerous tumors had been detected.

Dr. Heitzman said that he had made a microscopic examination of the diseased stomach, and had found cancerous nests of epithelial elements surrounded by connective tissue. The tumor had become changed into a colloid mass.

Embryo.

Dr. Sell presented a specimen of embryo brought to him by a young woman who had aborted a short time before. Abortion had occurred twice before, at which period pain and hemorrhage were prominent symptoms. The last time there was no pain nor hemorrhage. The question arose, was it caused by a fatty placenta?

Congenital Phimosis—Urethral Calculus—Retention of Urine.

The president presented a specimen for Dr. Stephen Clark, who was not present. The history was briefly as follows:—

On October 6th, 1876, Dr. Clark was called to see a boy aged three years, suffering from retention of the urine. This was supposed to be due to congenital phimosis. Circumcision was accordingly performed, and twelve ounces of urine was drawn by means of the catheter. A swelling was found at the peno-scrotal angle. On incision, fetid pus was discharged and a calculus detected and removed.

The Prognosis of Phthisis.

Dr. Wilks of London, said, in a recent clinical lecture:—

Hæmoptysis is more frequent in the earlier than in the later periods of phthisis, and hence it is often difficult to discover physical signs for it. In later stages, the vessels have usually become contracted or obliterated before softening occurs. The mistake is sometimes made of condemning a case wherein signs of excavation are found, whereas they are often evidences of a chronic form, and one likely to remain stationary for some time. The really worst cases may prove to be those in which but little physical alteration is at first detected, and acute tuberculosis will run a rapidly fatal course without any excavation. The signs of a cavity may be reckoned on the fingers, as these five: dullness, amphoric breathing, pectoriloquy, gurgling, *bruit de pot fêlé*. The most importance is commonly to be attributed to the moist sounds, for others are not conclusive. As to the external appearance of the phthisical chest, as a question of life insurance, the pigeon-breasted narrow chest is often considered phthisical, but without sufficient reason; such a form represents early rachitis, but the true phthisical chest is a *flat* one, with the sternum rather falling in than protruding.

EDITORIAL DEPARTMENT.

PERISCOPE.

Poke Root and its Preparations.

In the *American Journal of Pharmacy*, November, 1876, Mr. Oliver P. Hooper gives the following formulæ for preparations of the poke:—

TINCTURA PHYTOLACCÆ BACCÆ CONCENTRATA.

℞.	Poke berries, dried,	℥xvj
	Alcohol,	Oij.

Macerate for fourteen days, at a temperature of 90° F., express and filter. Dose for an adult, half a teaspoonful.

Alcohol extracts none of the red coloring matter, and the above tincture has a brown color, like tincture of aconite root. The writer had known the tincture of poke berries employed with success in chronic rheumatism, in doses of about twenty drops, and combined with compound syrup of sarsaparilla and small doses of potassium iodide and wine of colchicum.

TINCTURA PHYTOLACCÆ RADICIS COMPOSITA.

℞.	Poke root, ground,	℥vj
	Cardamom. powdered,	℥ij
	Diluted alcohol,	Oij.

Macerate for fourteen days, and filter. Dose, as an alterative, ten to twenty minims.

UNGUENTUM PHYTOLACCÆ RADICIS.

℞.	Fresh poke root,	℥ij
	Lard,	℥j.

Bruise the root until of a uniform pasty consistence, and mix with the lard. Has been recommended in scald head and similar diseases.

The root, roasted in hot ashes until soft, and then mashed and applied as a poultice, is unrivaled in felons and humors of various kinds.

Pancreatin.

Defresne: "Researches into the Physiological and Therapeutic Properties of Pancreatin." (*Lo Sperimentale*, 1, 1876.)

The study of pancreatic juice dates only from the early part of this century, when Tiedemann and Gmelin first undertook it, in the year 1827. Thereupon Purkinje and Pappenheim observed that the liquid, when acidulated, dissolved albumen; Magendie, Roger and Claude Bernard, that, in an alkaline state, it converted starch into sugar.

After Donders, Keferstein, Corvisart and Brinton had continued their investigations, Van der Corput began, in the year 1864, to use the juice therapeutically. He has been followed more recently by Leube and the author. The latter extracts a liquid from the sliced pancreas, by means of ether, to which he gives the name of pancreatin; and this converts nitrogenous substances, as well as gastric juice, into peptone.

One gramme of pancreatin will digest 125 grammes of fibrin, 45 grammes of fresh meat, and 30 grammes of boiled albumen; therefore, this liquid would be of use in such cases of dyspepsia as depend upon a deficiency of gastric juice.

In addition to this, pancreatin promotes the conversion of starch into sugar, and is beneficial in cases where the duodenal digestion is defective and the farinaceous substances pass off unassimilated. It also possesses the quality of separating the fats into glycerin and free acids; and it makes an emulsion of fats.

According to the author's investigations, it also modifies mixed food in the proportion of 1:63 parts by weight. Believing that pancreatin is a powerful ferment, the author used it in the form of pills, powders, occasionally in solution, in numerous diseases, and found it useful in chloranæmia with dyspeptic complications, in the loss of flesh, hysteria, and distention of the stomach. A friend and colleague used it in cases of icterus, wherein the fats were not digested by reason of closure of the gall duct, or deficient secretion of bile, and it gave satisfaction. It proved effective in cases where fats passed into the urine, and in many other forms of dyspepsia depending upon various disturbances of the abdominal viscera.

The author also used a preparation of cod-liver oil and pancreatin for consumptives, because of its improved taste and greater digestibility. In four cases he made cures, and therefore advises this treatment in the case of consumptives whose digestion is bad, and will not permit the use of the pure oil.—*Allegem. Medicinische Cent. Zeitung*, No. 70, 1876.

Hpdrophobia Cured by Inhalation of Oxygen.

We have the authority of Schmidt and Lebedew for the following case:—

A girl, aged twelve, was bitten by a rabid pup, in the hand, on January 7th, 1876. The wound extended into the subcutaneous cellular tissue; there was scarcely any bleeding; it was at once cauterized with lapis, and had entirely healed on the seventh day. The child had suffered an attack of diphtheria three months before, which had left paralytic aphonia behind it. About the time when the wound closed she was observed to be uncommonly excitable. On the seventeenth day severe dyspnœa suddenly set in; inspiration

free; expiration difficult, interrupted in character; deglutition almost impossible; pulse rapid; fingers contracted. In the course of twenty-four hours neither urine nor fæces were voided. The inhalation of about three cubic feet of oxygen produced immediate amelioration of the symptoms, and within two and a half hours apparently restored her to her former condition of health. The next day she had a more severe attack, with tonic spasm of the muscles of the back and limbs; respiration spasmodic; complete loss of consciousness. These symptoms were relieved in forty-five minutes by the inhalation of oxygen. Slight remaining dyspnœa was treated in the same manner for the following ten days, with the addition of *camphora monobromata*, which was given for three weeks. In the first part of February she had paralysis of both lower extremities for two weeks; since then she has been entirely well, excepting the aphonia, which existed before she was bitten.—*Wratschebnija Wedomosty*, No. 32, 1876, and *Allgemeine Medicinische Central Zeitung*, No. 69, 1876.

The Hepatitis of Hot Climates.

The London *Medical Record* gives an abstract of a paper by Dr. Sachs, in which he says that the predisposition of the inhabitants of tropical countries to suffer from affections of the liver depends on diminution of the respiratory function, and compensating development of the functions of the liver. Among the efficient causes, the foremost is the use of alcoholic drinks. Hepatitis is not, as is generally believed, consecutive to dysentery, but dysentery often depends on hepatitis. The invariable sympathetic pain in the right cervical, clavicular, and scapular regions, he attributes to irritation of the terminal fibres of the phrenic nerve, which sends branches to the liver by the suspensory ligament. The tongue is white, moist, and thickly coated; there are loss of appetite, nausea, and rarely vomiting. Insomnia is a well-marked symptom. The temperature is not high; when it goes beyond 39.5° cent. (105.1° Fahr.), a complication is indicated, such as thoracic affections, which often cause death.

Therapeutic Uses of the Cyanide of Zinc.

This substance has been used as an anthelmintic, and in nervous diseases, by the Germans, and is officinal in the French Codex. Recently, Dr. Deschamps, of Liege, has used it as an antipyretic in acute rheumatism. He gave about one-twelfth of a grain, two to five times a day, in nine cases. M. Deschamps gives an account of these nine cases in the *Paris Medical*, and adds the following remarks:—

We must agree, if we abide by the preceding observations, that cyanide of zinc in small doses is a very valuable agent in acute articular rheumatism; under its influence, the pulse rapidly fell, sometimes to an inexplicable degree; the pains were rapidly diminished, but the temperature did not immediately come under this favorable influence. We also remarked that on the second or third day there was always an increase in the temperature, although the pulse maintained its ordinary rate or even fell below it.

These different effects of the cyanides, retardation of the pulse, lessening of the pain, and downfall of the temperature, have long been remarked; we can only conclude, then, that these observations have confirmed them by applying to acute articular rheumatism the physiological and therapeutic effects of cyanide of zinc.

Let us add that other reasons are in favor of this cyanide salt; its administration is easy, its elimination rapid, perhaps even cardiac complications are less frequent; we have, indeed, only had one well-marked case of endocarditis in the nine observations which have been recorded.

The Treatment of Abscesses by Hyper-distention with Carbolized Water.

Mr. George W. Callender, F. R. S., surgeon to St. Bartholomew's Hospital, says, in the *British Medical Journal*:—

In the treatment of all abscesses, but more especially for those with branching sinuses, or with a sac broken up by imperfect septa, we have found it desirable not merely to wash out the abscess in what, for distinction, may be termed the ordinary way, but to throw in such a quantity of fluid as will distend the abscess sac in all its parts; and this procedure we speak of as hyper-distention of an abscess cavity. In this manner, abscesses complicated in the way I have mentioned may be cured as effectually as are those in which we have to deal with a single cavity.

The operation may be performed whilst the patient is under the influence of ether, or the integuments may be frozen by the ether spray. The following are required:—A scalpel where an incision is needed, no open sinus existing; carbolic acid lotion (one part in twenty) diluted to one in thirty by the addition of warm water before using it; a perforated elastic drainage-tube; carbolized oil (one in twelve) on lint for dressing the wound, and gutta-percha tissue for covering this; some ordinary adhesive plaster; some tenax to receive any subsequent discharge (which, however, is very slight); an ordinary two or four-ounce syringe. When it is desirable to make continuous pressure over an abscess after opening it, a pad shaped to the needs of the case, and filled with shot, will be found useful. It acts more effectually than a sand-bag, and is easily made and adapted.

The operation is begun by cutting into the abscess (if no sinus exist), the opening made being of sufficient size to admit one of the fingers. The pus is then allowed to escape, the abscess being emptied as completely as possible. The nozzle of a syringe is next passed through

the opening, and the skin is drawn closely around it by the operator with his left hand; the contents of the syringe are then passed into the abscess sac. Care must be taken, in doing this, that no pressure is made upon the abscess wall, or the distention of the sac will be incomplete. Either by using a syringe which throws a continuous stream, or equally well by closing the wound with a finger whilst the syringe is being refilled by an assistant (very little fluid being lost in its reintroduction), the abscess sac will presently distend quite to, or even beyond, its original size; and, under these circumstances, the carbolized water necessarily finds its way (as a rule, which has few exceptions) into all parts of the cavity, however irregular, and along any channels leading from it. When the abscess has been opened, the amount of injection may be roughly measured as being rather in excess of the quantity of pus let out. When distention has been effected, the fluid is allowed to escape, and, if much pus be mingled with it, a second injection may be practiced. An elastic drainage-tube, its size varying with that of the abscess, is then inserted and secured, and over the end of this, and over the wound, a piece of lint, twice folded and soaked in carbolized oil, is laid. This is covered with a sheet of gutta-percha tissue and some tenax, and these dressings are secured with some ordinary plaster.

Subsequent treatment consists in the renewal of the dressings, which, to myself, it seems desirable to see to daily. The drainage tube is gradually shortened as the abscess wall contracts, and through its canal, if there be any sign of puriform discharge, a little carbolized water may be occasionally injected.

The Disease Dipsomania.

A writer in the *British and Foreign Medico-Chirurgical Review* thus describes this malady: "Dipsomania" is indubitably a disease; it begins with premonitory symptoms, both of body and mind, headache, anorexia, gnawing at the epigastrium, depression of spirits, loss of temper, and it runs through a regular succession of stages. It is at first intermittent; the patient will for months or years feel no inclination to exceed, often no inclination to take stimulants at all. Then he breaks out into a fierce fit of uncontrollable debauchery, which, if he be not put under restraint, ends in delirium tremens. The feeling of penitence and self-disgust is terrible, and many times leads to suicide, but is not sufficiently rational to curb the raging impulse. It is, itself, too wild to antagonize wildness. Argument at such a time is like emptying a teacup on a burning house. When this has passed away, he is as sober and amiable as other people; but each access, if indulged in, shortens the interval, weakens the powers of control, and is more severe than the last. If the patient be kept from drink, that is not the case. The dipsomaniac is unfortunately situated. He feels his fit coming on, and would like to be locked up in an asylum, but he cannot exhibit any delusions which would entitle him to the necessary certificates, so he cannot get the advantage of external restraint till he has qualified for it by falling into the horrors he was anxious to avoid. He is certainly a fit subject for the temporary treatment of a retreat.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Lecture, introductory to 52d Course of Lectures at the Jefferson Medical College, by Prof. Ellerslie Wallace, M.D. The style is not clogged, and there is a warm sympathy between the writer and the lessons idealized. The science of obstetrics is exalted, and specially commended to the ambitious as a profitable venture in study.

——Does Small pox become Epidemic? By E. M. Snow, M.D.. Providence, R. I. The motive of the article is a criticism on the language of the Massachusetts Board of Health Report for 1872. An epidemic influence is conjectured as the rationale of the prevalence of variola in Boston that Fall. The refutation of the premises in that statement, thought valid, is complete, and the contagious character of the disease made absolute.

——The Operation for Stone, by A. Van Derveer, M.D., Albany, N. Y. .A stroll through the London Hospitals, and the graciousness of some English surgeons to our author, operate to call out in print these reflections on the many labors in this field of the knife. The historical part of it is entertaining, and the way his own cases are reported makes us admire the *man* as well as the *essay*.

——Specialism in Medicine, by E. D. Forée, M.D., Louisville, Ky. This seems to have been a reprint, not directly published by the class before whom it was delivered (Medical Department Central University, Ky.). The thread of the thoughts is, that specialism in medicine ought to be only a suggestion of necessity, not an elective study; that is, the true training of a specialist should recognize an acquaintance—and thorough at that—with all the divisions of medical science, and a mastery of these studies until, by the coercion of circumstances, or the character of his practice, a *calling* into one field alone is felt.

——Sulphate of Cinchonidia, by J. W. Compton, M.D., Evansville, Ind. The paper is the product of a desire of the author to substitute this alkaloid for quinia. His preferences for it do not proselytize us.

——Note on the Physiology of the Respiratory Apparatus, by Isaac Ott, M.D., University of Pennsylvania. An ingenious clue is made out, in this brief lecture, to the cause of the rapidity of the heart in glass-blowers. The blame is laid on the diminished tension of the cardo-inhibitory centre in the medulla.

——Colles' Fracture and Dr. Carr's Splint, by Henry A. Martin, M.D. Drawings of a splint designed by Carr, of Goffstown, N. H., for fractures of the lower inch of the radius, are given in this pamphlet, and its special advantages enumerated. The contrivance is peculiar, as its convex bed is applied to the *under* surface, as is required, not to the *side* of the bone.

——Animal Heat and its Reduction by Gelseminum, by G. H. Gray, M.D., Md. There is a deal of philosophy in this composition about the generation of heat. Several theories are criticised, and an original one given, which resembles so closely that of Dalton—which does not suit Gray—that the difference cannot be measured. The behavior of gelseminum in fevers was tested only four times, and then it was combined with the bromide of potassium.

BOOK NOTICES.

A Lexicon of Pharmaceutical Terminology, Containing all the Terms of the Pharmacopœias of the United States and Germany, in English, German and Latin, with all popular dialectic or provincial German names of drugs, herbs, medicines, preparations, concoctions, decoctions, infusions, and their English synonyms alphabetically arranged. By Dr. Robert Karl Beer, of Baltimore. 1 vol., 12mo, cloth. Price $1.50. For sale at this office.

The scope of this work is so completely set forth in the title that it serves for a description. Of the manner of execution we can speak, after close examination, with high praise. There are so many Germans in this country, that an American physician has frequent necessity to know something of the medical terms of the language; and conversely, to German physicians dealing with the American public, such reciprocal knowledge is indispensable. Dr. Beer's book supplies this with fullness and accuracy, yet in a remarkably compact form. We notice it has been highly commended by Professor Uhler, of the John Hopkins University, Dr. C. Baxley, of the Maryland College of Pharmacy, and other competent judges.

Hours with John Darby. By the author of "Thinkers and Thinking," etc. Philadelphia, J. B. Lippincott & Co.

This is another of Dr. Garretson's philosophical conversations, in a similar vein to "Two Thousand Years After," which we reviewed about two years ago. It is the advice on life, love, study, etc., which an old man is supposed to give a young one.

It has been, perhaps, our misfortune that we have never been able to feel any sympathy for either the tenor or the form of this author's discourses. The style is artificial, and the sentiments not unfrequently of very questionable purport. Although we need not expect an author to be influenced by a critic of his books, we do believe that unprejudiced readers can be put on their guard against dangerous sophistries, and there is none more dangerous than that which we pointed out in our criticism on "Two Thousand Years After," and which our author repeats in the present work, to the effect, that an action is never morally right or wrong in itself, but derives these attributes from its relation to some other action (see pp. 134, 135). We again protest against this doctrine. Never was *a lie* morally right; never will it be.

The chapters on love have some thoughtful and excellent passages; but they, too, are disfigured at times by the same moral obliquity of vision. What shall we say, for instance, to this passage:—"A woman that loves hesitates as little in following a man downward as upward?" Is it not a libel on love and a slander on woman? We would say, and we believe, that the woman who loves with any passion higher than that of the brute, eternally, though it may be unconsciously, protests against the defilement of her idol. Never does she willingly share, let alone aid in, his abasement.

These criticisms could be continued; but the task is painful, and we can but regret that an author of such evident culture should enlist it in the defense of so false a philosophy.

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THE PRELIMINARY EDUCATION OF MEDICAL STUDENTS.

There is a slight inclination on the part of a very few medical schools in the United States not to accept as a student a very grossly ignorant young man. The school at Portland, for instance, requires an applicant to know how to read and write English—not correctly, of course, but in some degree correct. In most institutions, however, it is entirely unnecessary that a matriculant should be able to do more than sign his name. He can enter, and it is possible he can get through, with no more than this.

Medical societies, therefore, would do wisely to take the initiative in this matter. It is gratifying to see that one in this State has done so, that of Alleghany county. The following is an extract from its by-laws:—

"At the stated meeting in January, annually, the President shall appoint the following committee:—

"A committee of three, to be called the Committee of Medical Examiners, whose duty it shall be to examine all applicants for admission as students under the tuition of the members of the Society. Said committee shall withhold their certificate from any applicant unless he be of good moral character, possess a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage.

"And no member of this Society shall receive any person as a student of medicine unless he presents a favorable certificate from this committee."

In one of our British exchanges the medical faculty of Glasgow University show the necessity of preliminary examinations, by quoting answers lately submitted by applicants. The best of these was that of the gentleman who understood the "Letters of Junius" to be letters written in the month of June.

But we need not cross the water to find such instances. Let it, however, be generally understood that Medical Societies are going to take such action as that above set forth and these examples will become rare.

ANNUAL REPORT OF THE SURGEON GENERAL, U. S. A.

The mean strength of the army the past year was 21,681 white, and 2002 colored troops. The entries on sick report for the white troops, was 17.32 per thousand; of the colored, 17.29 per thousand; a difference owing to the large number of the former engaged in active service and wounded. Eight per thousand died of disease, sixteen per thousand of wounds.

It will be seen from the foregoing that the health of the army during the year has been good, and the mortality from disease unusually small. On the other hand, the number of deaths from wounds has been exceptionally large. The figures given above include 267 officers and men killed in battle or skirmishes with hostile Indians, who are not embraced in the number of cases of wounds, accidents and injuries taken on sick report. Of this number, fifteen commissioned officers, including one medical officer, Assistant Surgeon George E. Lord, U. S. Army, one Acting Assistant Surgeon, James M. DeWolf, and 232 enlisted men,

fell in the action on the Little Big Horn river, on June 25th.

The yellow fever carried off twenty-nine men at Fort Barrancas, and others at Coushatta.

The Record and Pension division has been as active as usual.

The work on the Medical and Surgical History of the War has been carried on with a reduced force. It now includes the histories of 265,528 cases, medical and surgical, carefully recorded and followed up. Such a mass of material has never before been gathered together; and the method of utilizing it is in every way commensurate to its value.

The Army Medical Museum has been increased by the addition of 741 specimens during the year. About 2000 volumes, exclusive of pamphlets, have been added to the library. The subject catalogue is nearly ready, and we hope will be issued soon.

The need for a more liberal aid from Congress is urgently set forth, and should by all means find a prompt and free response.

Notes and Comments.

The Magnet in Diagnosis.

The use of the magnet for the diagnosis and removal of particles of iron impacted in the eye and elsewhere was discussed at the last meeting of the Royal Medical and Chirurgical Society, the question being opened by a paper from the pen of Sir Benjamin Brodie, who had found the magnet useful as a means of diagnosis, but altogether useless as a tractor, although he had used a powerful electro-magnet for the purpose. It is doubtful if the magnet is of any avail to extract steel from the eye. Such incidents are mythical.

The Value of a Visiting List.

Last week a gentleman wrote us that, having left his "Pocket Record and Visiting List" on his seat in a car, he spent five dollars in telegraphing for it. He had a proper estimation of its value, for, as a "book of original entry," it alone would be admitted as legal evidence in suing for a bill.

Another physician whose letter is before us says, "I have used your Visiting List for several years, and have tried several others, but none of them suits so well as yours."

This is but one of hundreds whom we could quote as to the importance of every physician keeping such a list. It saves its price many times over in the course of the year. It leads to correctness in accounts and system in business. Their use is growing every year, and we say to all that they should not commence another year without buying one of the many which are now to be had.

Scandalous Action.

According to reliable medical authority—for instance, the *Medical Press and Circular*—so utterly unscrupulous are the opponents of the restriction of prostitution in England that the paid agents of the Anti-Contagious Act fanatics exercise every influence to defeat the law, to encourage the prostitutes, and to impede the inspectors. In spite of this, it is gratifying to learn, on the authority of Mr. Lowndes, of Liverpool, in regard to the effect of this legislation upon the morality of the town, "that its usefulness is by no means alone in the direction of protection against the spread of venereal disease, for it has effected a most remarkable change in the moral character of the district. It has reduced the number of prostitutes from 1770 to about 400, and of brothels from 366 to 98, and the orderly character of the street population is visibly increased."

The Death-rate of Foundlings.

The ugliest statistics we have ever seen are those of the Dublin Foundling Hospital, during the last decade of the last century. A writer in the *Medical Press and Circular* says that at that time the death-rate advanced to a figure which seems almost incredible. In the year 1791, 780 children were admitted, of whom only one survived. In 1792, 861, of whom 860 died; in 1793, 803 were taken in, of whom not one lived to tell the tale; in 1794, 903; in 1795, 959; and in 1796, 910 unfortunate infants entered the Institution, of whom not a soul remained alive. While in the entire twelve years ending 1796, of 25,352 children adopted by the Foundling Hospital (including those at nurse out of doors) more than seventeen thousand died.

Poisoning from Glycerine.

The *Bulletin de Therapeutique* states that Messrs. Dujardin-Beaumetz and Audigié have arrived at the following results:—1. Glycerine, chemically pure, causes a fatal result within twenty-four hours when introduced hypodermically into a dog in a dose of 10 grammes for each kilogramme of his weight—*i. e.*, in the proportion of 1 per cent. 2. The symptoms of acute glycerism are, within certain limits, similar to those of acute alcoholism. 3. The anatomical lesions of glycerism being analogous to those of alcoholism leads to the inference that the toxic action of the two bodies is almost the same. 4. From a therapeutic point of view there is a danger in introducing excessive quantities of glycerine into the economy.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

Letters by an Invalid Physician.

IV. THE RIVIERA—CITY AND SURROUNDINGS OF ALGIERS.

Ed. Med. and Surg. Reporter:—

Since writing my account of Mentone, I have received the valuable work on "The Principle Health Resorts of Europe and Africa," by Dr. T. M. Madden, of Dublin. Dr. Madden is no believer in the vaunted claims of Mentone, not considering it the Utopia for invalids generally, or the climate *par excellence* for pulmonary sufferers in particular. He says, all that any of the small Italian towns along the Mediterranean, as Bordighera, Savona, Voltri, Nervi and others, require to bring them into similar importance is well written and roseate-colored medico-descriptive eulogy from some resident physician.

I am glad to receive confirmation of my views from so eminent a climatologist. I was rather afraid that my last article would seem to show pique, and I felt with Southey, in the *Doctor*, that the irritation shown by the strength of my language might lessen the salutary lesson I wished to convey. My return to Nice was on the 22d of December. Nice possesses a different and a better climate than Mentone or San Remo. It is not right under the mountains, and is, therefore, free from the direct fall of cold winds from their snow-covered summits. Moreover, it possesses good drinking water, while that of Mentone is full of limestone, and has to be doctored before it can be safely swallowed. The average temperature of winter is 48° Fahr., and of spring 55° Fahr. Mentone has 48.3° Fahr. for winter, and 57.3° Fahr. for spring, while Cannes gives 50° Fahr., for winter, and 62° Fahr. for spring. I do not place much value on mean temperatures of health resorts, agreeing with Madden, that frequency of transition between high and low temperature is the thing to be most looked after, and that it is an equable, be it hot or cold climate, that we want, and not one of sudden change.

Warm climates are generally divided into the moist and dry, and in sending a patient to one or the other the following points aid. First, the patient's preference. Secondly, whether his affection is of the wet or dry kind, so to speak. If a man has profuse perspiration and expectoration, is weak, relaxed, and generally limpid after the manner of a wet rag, common sense would seem to dictate that he should be kept away from hot, moist, steamy places, like (I give personal experience) Bermuda and Eastern and Southern Florida. Such a case would demand a bracing, dry and crisp atmosphere. On the other hand, when a man coughs all day, and produces nothing but a little glairy mucus, when he has a hot, dry skin, when to either sweat or profusely expectorate would be an absolute relief, and if he has a tense, quick pulse, then a sojourn in moist, semi-tropical lands or seas would seem to be indicated, at least until these conditions should be altered.

Nice has probably as many bright, blue days as falls to the lot of any health resort; and, as I have previously mentioned, the city is gay and enlivening. Its climate is recorded as "dry, warm, tonic and exciting."

The new year (1875) was ushered in under smiling skies; but then came two days of cloud, then prolonged days of easterly winds and rain. An epidemic of sore throat seemed to afflict both sick and well, and the majority of the servants were throat-bandaged and semi-voiceless.

We stuck it out until the middle of January, when we left for Algiers, via Marseilles.

In the spring I again found myself in Nice for a few days, so that altogether I had about a month's experience of the place. I would describe its climate as treacherous at all times, especially in the spring. When the sun shines, I have no objection to calling it warm (in the sun), tonic and exciting. When it rains, and the damaging east and west winds have sway, the climate is damnable. Moreover, the place is so expensive as to be practically out of the reach of those of moderate means. "If you would know," says a French writer, "what becomes of the tuberculous at Nice, go to the graveyard."

Algiers.

In describing the city, surroundings, and climate of Algiers, I have the sincere wish, to begin with, that I had never read a guide-book or medical description of the place prior to visiting it. It impressed me so differently from what I read concerning it, that I am almost

afraid to do what I propose, *i. e.*, give it a hearty recommendation to the majority of consumptive patients in *the first stage* of their disease.

Dr. Howe, in "Winter Homes for Invalids," follows Bennett in the statement that Algiers is constantly moist. He gives the yearly rainfall as sixty-seven inches, of which from thirty-six to forty fall in the winter months. At the same time he recommends it in many forms of consumption (how many have we?), chronic bronchitis, and Bright's disease. Bennett says, if your system will not bear bracing, which means if it will not bear Mentone, as few systems will, why, go to Algiers, and peaceably end your days.

Madden, who has lived in Algiers, ranks the climate as an *intermediate* one between wet and dry, coming in between that of Nice and that of Pau, for instance. In 1738, Dr. Shaw, who lived twelve years in Algiers, and kept an accurate meteorological register, gives the annual rainfall at twenty-seven or twenty-eight inches. Madden says it has become damper since then, and gives it at thirty-two inches, somewhat of a difference between that of Howe's sixty-seven! Again, Madden states that the hygrometric condition of the air differs materially whether we be in high or low places, being *generally dry in elevated places.*

Howe states that northeast and northwest wind most prevail; Madden says westerly winds are most prevalent, and the east are next in frequency. Finally, Hall gives the mean annual temperature at 64° Fahr., and says January (the only winter month he gives) varies between 45° and 53° Fahr. Madden, quoting M. de Pietra Santa, gives the mean annual temperature at 66° Fahr. Mean temperature of winter 55° Fahr., and spring 66° Fahr. Finally, as to the class of patients benefited, Madden says that some bronchitic patients do better in Algiers than anywhere else, and also cases of senile cartarrh. He says it would be difficult to select a more unsuitable climate for the third stage of consumption. As to its fitness for the first stage he seems in doubt.

Now, in the face of such conflicting statements as these, there is only one way left to find out which, if either, are correct, and that is to go and see for yourself. That is what I did, with the following result.

Early on the morning of January 18th we were gliding along the Algerine coast, and shortly after breakfast the snow-white city of Algiers, with its forts and mosques, was in full view. Our vessel anchored within the mole, and Arabs and negroes clambered over its side like a pirate crew, and fought for the privilege of carrying passengers and their baggage ashore in small boats.

I made a total stay in and around the city of Algiers of fifty-nine days. Thirty-eight of these days were absolutely perfect, the sky being clear and the weather balmy and delightful. Ten days were partially or wholly cloudy, and on eleven days we had continuous rains or showers, one of the rainy days being characterized by a smart hail storm.* On fifty five of these days the weather was favorable enough to permit me to go out walking or driving. The statement is worthy of tabulation.

Total stay (Jan. 18th to March 17th),	59	days
Perfectly clear,	38	"
Partially or wholly cloudy,	10	"
Partially or wholly rainy,	11	"
Suitable for out-door exercise,	55	"

I saw not over a half-dozen consumptive patients during my stay (there were doubtless many I did not see), and all seemed to do well. A lady from Philadelphia, who had suffered two years from pulmonary hemorrhage, and had passed a winter in Florida without benefit, became perfectly cured. She passed last winter at home without a bad symptom. I increased in weight ten pounds during my stay, and cough and expectoration were markedly benefited. The most disagreeable and trying weather prevailed in the shape of an easterly storm from March 1st to 3d, and the sirocco from March 7th to 9th. It hailed furiously for half an hour on February 19th. We had fire in our rooms but five days during our stay.

It was not only the weather, but also the picturesque and varied surroundings of Algiers, and the ample mental food afforded, that caused improvement.

It is the best preserved Moorish town extant. The French did not destroy the old town, but added their modern dwellings and boulevards to it. The diversity of dress one notices on a square like the *Place du Gouvernement*, while the military bands are giving one of their usual tri-weekly open air concerts, resembles a gala scene in opera or ballet. Moors and Jews in rich Turkish costume, Arabs in their flowing white bernous, Kabyles (descendants from the Berbers, the original inhabitants) arrayed like athletes, negroes almost as nature produced them, veiled Mahommedan women, Jewesses with bright, gold-embroidered silk robes and Spanish-looking head dresses, Koulouglis with dyed nails, hair and teeth, French soldiers in every variety of bright uniform, commanding spahis, and civilization arrayed in modern dress, all commingle to produce an effect as novel as it is agreeable to the visitor.

The drives about Algiers are superb. The roads, of macadamized hardness, leading along the sea or into the back country are lined with cactus and aloe. The palm bears its head everywhere, and the almond, bamboo and fig tree abound in the valleys. Oranges of great sweetness, good bananas, and figs, are cheap and plentiful. Flowers, notably the tea rose and the violet, are brought daily during the winter to market, and a franc or two will buy a superb bunch of them. From the middle of February until December the fields and wayside are literally "carpeted with flowers." The markets are liberally supplied with fish, fowl,

* The year 1726 is celebrated for the unusual cold, Algiers being in that winter covered with snow.—*Murray's Algeria.*

fruit, and vegetables. The eggs are as good as in Havana, which is saying a great deal. Strawberries come in March, and green peas in February. The meats are good, with the exception of beef, which is apt to be stringy. Living is cheap, half what it is on the Riviera, and carriage hire (an important consideration to the invalid) more than reasonable. Three of us, for instance, had carriage, driver, and pair of horses from 9½ A. M. until 12 M., consuming the time by driving and halting, and the charge was five francs (one dollar.) The same accommodation at Nice would have cost from fifteen to twenty-five francs. To give about half what is originally charged is the rule in dealing with the Jehus of Algiers. Notwithstanding Nimrod, the mighty hunter, was a grandson of Ham, game continues abundant.

But having written the present article to sufficient length, I will conclude Algiers, and the health trips to be made therefrom, in my next.

Adirondack Mts., Nov. 23d, 1876.

A Plea for Hysteria.

ED. MED. AND SURG. REPORTER:—

In an article in the REPORTER for December 2d, by Dr. F. Woodbury, on "Cases called Hysterical," the following passage occurs, in proof of the fact that in many cases the "word hysterical is manifestly misused:" "Medical literature now offers a large assortment of hysterical affections of different parts of the body; a recent illustration of this is found in the *Transactions* of the College of Physicians, of this city, for 1875, in an article by Dr. Harlan on 'Hysterical Affections of the Eye.' To remove any uncertainty as to whether or not uterine disease is indicated by the title, it may be mentioned that the paper contains notes of five cases, in four of which the age is given; three of these are girls, aged respectively ten, eleven and fourteen years; and the fourth is of the male sex, whose age is immaterial for present purposes." If these purposes were merely to convict of using the term hysteria without respect to the claims of the uterus, we willingly plead guilty to the charge. It was expressly stated, in the commencement of the article referred to, that the word was used with reference to its conventional meaning, by which it is made to include a large class of cases in which there may be decided or even alarming symptoms without real disease (that can be detected in the present state of science), and merely to call attention to a class of *symptoms*, which were thought to be not sufficiently dwelt upon in the text books, and were believed to be often misinterpreted in practice. If there is any other word that could have been appropriately used in describing the cases reported, it certainly does not appear in Dr. Woodbury's paper.

Though doubtless the word hysteria had its origin, somewhere in the remote past, from hystera, like most human institutions, it has been modified in the lapse of centuries, and "is now generally employed to indicate a neurosis of undefined pathological relations." It is hardly necessary to remind the readers of the REPORTER that a very large number of words in constant use in science, literature and daily conversation, have departed more or less widely from their etymological meaning. Numerous instances of irreproachable words of this kind will occur to every one.

To direct so much good writing against a word seems a little like charging a pathological windmill. The trouble lies deeper. No one of ordinary intelligence imagines he has told all about a case when he has called it hysterical. When ambiguity is removed ambiguous terms must lose some of their indefiniteness or die a natural death. In the meantime, we have to bear with them as necessary evils; and until "a clearer insight into the nature of the disease" is obtained, the term *hysterical* may do as well as another to express our ignorance. Advanced pathologists tell us there is no such thing as functional disease, but we cannot yet afford to drop the expression from our medical vocabulary. It is not wise to throw away one's old coat until there seems to be some chance of getting a better one. Doubtless the expressions hysterical and functional will both occur less frequently in direct proportion to the progress of pathology and the diagnostic ability of individual observers, but we venture to predict that generations of doctors yet unborn will still have occasional use for them.

The process of elimination, by means of which a vague and general term may come to have a more definite meaning, is well illustrated by the history of amaurosis. A quarter of a century ago the correctness of Walther's humorous definition of amaurosis as "a disease in which the patient sees nothing and the physician sees nothing" was indisputable, but still the most advanced ophthalmic surgeons were obliged to use the word to express the fact that the disease was situated in the terra incognita beyond the lens, and was, therefore, beyond their ken. Since the ophthalmoscope threw a flood of light on this region, one after another of the various conditions that had been included in the objectionable term have been detected, and studied, and properly classified in rapid succession, until the term *amaurosis* is assuming something like a rational position in the list of diseases. It may be safely asserted that this result could never have been accomplished by any amount of learning or eloquence directed against the word. The fact is that words which represent nothing tangible or definite are very apt to be in the way, and the fewer we have of them the better. Science can gain nothing by the substitution of any number of meaningless or indefinite terms for one; and such expressions as "delirious volition," "disordered intellectation," "general dyscrasia," "peculiar excitation of nerve centres," "perverted sensation," "exaltation of

function," "exalted morbid sensibility," etc., are scarcely more definite or philosophical than hysteria.

G. C. HARLAN, M. D.

Philadelphia.

NEWS AND MISCELLANY.

The Cremation of Baron de Palm.

This event took place, Dec. 6th, at Washington, Pa. Dr. F. Julius Le Moyne, a retired physician of advanced age, has constructed at that place a furnace, originally for the purpose of having his own body cremated when his hour should have come. The structure is of brick, partly taken up with fire chamber, partly with a small audience room. Baron de Palm's body had been preserved from the time of his death, some months since, and in thus disposing of it, his executors were complying with his own request. It required four hours to reduce the body to ashes, but as oxidation had no doubt taken place to a considerable extent already, the test was hardly a fair one. Addresses were delivered on the occasion by Col. Olcott, Dr. James King, of Pittsburg, President Hayes, of Washington and Jefferson College, and others. But if we may trust the newspaper reporters, an unbecoming degree of levity marked some of the proceedings.

Professional opinion differs widely as to the advantages of this method. A reporter of one of our dailies states that he called on one eminent surgeon, to learn his opinion of cremation. He was emphatic in saying that he is not in favor of the proposed change, and declared that to burn the dead is a proposition shocking at once to the feelings and educated judgment of Christian nations. An inquiry from another, yet more distinguished, resulted in a directly contrary opinion. The latter said that he considered cremation the only proper method of disposing of the dead. The custom of burying beneath the ground is injurious to the health and happiness of the living in many directions.

Personal.

—On Saturday, December 2d, Dr. J. A. Shade, of Shade Gap, Pa., was murdered by his son-in-law. There was a quarrel about some money, and the latter, Mr. C. A. Reese, struck the doctor with a billet of wood and then shot him.

—Dr. Robert Taylor, Assistant to Professor Lewis A. Sayre, M. D., is about to leave New York for San Francisco, Cal., where he purposes practicing the specialty of orthopedic surgery. It is a very large field, and we wish him great success.

—Dr. B. H. Melins, of New York, was found dead in his room at the Eastern Hotel, in that city, December 3d. It is supposed that he committed suicide.

QUERIES AND REPLIES.

Hope's Mixture.

Linus.—The nitrous acid in this famous mixture acts as a stimulant to the glandular system of the alimentary canal, and owing to its astringent action on the mucous membrane of the bowel, it exercises a beneficial effect in serous diarrhœa. The following was Dr. Hope's formula:—

R. Acid. nitrosum,	one drachm
Mist. camph.,	eight ounces.

Mix and add forty drops of the tincture of opium.

Sig.—A fourth part to be taken every three or four hours.

Chronic Diarrhœa.

Dr. L. D. B. wants suggestions for a case of obstinate chronic diarrhœa in an old soldier. He writes:—"For the last three years he suffers it constantly; the bowels are open from five to ten times in twenty-four hours, and discharge nothing but mucus and blood. I have tried all known remedies such as pepsine, lacto-peptine, salicin, bismuth, opiates, iron, and all astringents that I could think of, with no good effects."

Dr. G. S. S., of R. I.—Evidently the drug referred to is *veratrum viride*.

Dr. M. J. E., of Ala.—"Youatt *On the Horse*" is the standard work. Price $2.

MARRIAGES.

CHAPMAN—MEGARGEE.—On the morning of December 2d, at St. Luke's P. E. Church, by the pastor, Dr. Henry C. Chapman and Hannah N., daughter of the late Samuel Megargee, Esq., of North Front street, Northern Liberties.

CLEARY—ANDREWS.—At Washington Heights, New York city, November 27th, Dr. George Cleary, of Tivoli, N. Y., and Miss Mary E. Andrews, youngest daughter of the late Dr. S. Andrews, of Perth Amboy, N. J.

CUNNINGHAM—ARCHER.—In Cincinnati, O., on November 19th, at the residence of Mrs. S. Martin, No. 53 Longworth street, by the Rev. Richard Gray, Henry S. Cunningham, M. D., and Mrs. Carrie Archer.

ELLIS—EASLER.—On the 4th instant, by Rev. H. C. Westwood, D. D., Mell Brantley Ellis, M. D., of Osyka, Mississippi (formerly of South Carolina), and Lily Forsythe, daughter of the late John Easler, of Philadelphia.

DEATHS.

COMSTOCK.—In New York city, on Thursday, November 30th, at his residence, No. 32 West Fortieth street, Lucius Samuel Comstock, M. D.

COTTMAN.—At New York city, Wednesday, Nov. 22d, Marie Louise Cottman, née de Tournillon, wife of Dr. Thomas Cottman, of New Orleans, in the 59th year of her age.

GROVES.—On November 20th, Dr. Michael F. Groves, in the 68th year of his age.

MELVIN.—In Felton, Delaware, September 16th, Dr. Walter Melvin.

ROTH.—In this city, on the 1st instant, Dr. Theodore Roth, aged 42 years, 8 months and 29 days, after a severe illness of 11 weeks.

WALKER.—In this city, November 21st, Allie W., only child of Dr. J. Newton and the late Jennie S. Walker.

WILKES.—In New York city, Thursday evening, November 30th, in the 76th year of his age, George Wilkes, M. D.

THE

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Original Department.

Communications.

A NEW ARTIFICIAL MEMBRANA TYMPANI.

BY LAURENCE TURNBULL, M. D.,

Surgeon to the Department of Diseases of the Eye and Ear, Howard Hospital, Philadelphia.

As early as 1859 the writer tested the use of the artificial membrana tympani of the late Mr. Toynbee, and published cases, with comments upon this form of apparatus. The membranes employed at that time were made, by Weiss of London, under the direction of Mr. Toynbee. The first difficulty met with, in their use, was the detachment of the silver stem from the rubber disk, on attempting their removal from the ear; second, the silver wire became blackened and rough from purulent discharges: third, the membrane became wrinkled, or curled, and did not exert any pressure where it was so desirable. A second form was then made for us, by Kolbe, of Philadelphia, in 1861–62, with a wider disk attached to the wire, and better prepared rubber, which form was employed for a number of years, with varying success.

An interesting case of its successful use was published in my manual of "Diseases of the Ear," at p. 297–8. After numerous trials with this form, and becoming again disappointed in its power to make proper pressure, owing to the curling on its edges, for the last ten years we have used almost exclusively the prepared cotton wool, or cotton of Mr. Yearsley, supporting the ossicular chain, but not completely covering the perforation.

I will report two cases, to show that, in a certain class, it produced most excellent results, while in others it produced irritation.

Case 1.—Mary E., aged 13 years. Residence, West Philadelphia. Sent to me by Prof. Wm. H. Pancoast, August, 1874. Suffered from scarlet fever three years prior to her first visit. She is a bright, but pale, delicate-looking girl; the throat was considerably involved in the scarlet fever; and dropsy also supervened. Since her recovery, she has suffered with otitis media purulenta, the discharge from the left ear being of a yellow color, mixed with blood, and very offensive. The patient had received every attention from her physician, and numerous remedies had been suggested, but the discharge still continued. She has also had an attack of whooping cough, which increased her deafness, so that in the formerly good ear she became very deaf. Hearing distance of left ear, for watch, one inch; right ear, six inches. Perforation on left side, with a tendency to enlargement by ulceration. Meatus of right ear narrow and swollen, and membrana tympani opaque and sunken. Throat granular, and full of cicatrices. Right Eustachian tube free, but the left blocked up with mucus and pus.

After treatment* from August, 1874, to January 16th, 1875, the following is the record:

Discharge almost disappeared, and no odor. Hearing so much improved, by the use of the "cotton wool," that an ordinary clock is heard

* See Clinical Lecture on "Treatment of Chronic Suppuration of Ear," etc., by L. Turnbull, M. D., in the Med. and Surg. Reporter, No. 961, of July, 1875, p. 81-4; also, Turnbull's "Manual of Diseases of the Ear" 291-99 and 446

eleven feet off, and a watch ten inches. The perforation has diminished one-half, and her general health is so good that, except in very disagreeable weather, she is able to resume her school duties.

Case 2 is given as an illustration of the irritation caused by the "cotton wool," no matter how carefully applied, or even when saturated, or wet simply, with glycerine, or a mild astringent. S. B. H., aged 16. Student of medicine. Residence, New Jersey. Parents living. General health good. Both ears affected, but mostly the right. Cause, scarlet fever. The deafness and discharge from the ear is of thirteen years' duration. Has had no other grave disease. The discharge was of a whitish color, tinged with yellow. Applied for treatment June 25th, 1874. The meatus (April 23, 1866) was almost normal, somewhat narrowed. The membrana tympani of right ear opaque, sunken, and has a small, almost central perforation. The left membrane is more retracted, and has a perforation, and is adherent to the promontory, which looks red and irritable. Both Eustachian tubes free. The middle ear contains mucus. Hearing (June 25th, 1874): watch only heard on contact on each ear; voice nasal, from swollen nasal passage. Hearing distance, April 23d, 1876—after occasional treatment, some at intervals of several weeks—left ear, two inches; right ear, four inches. Voice more natural. The patient has feeble respiration and pain in the lungs. At times loss of voice from laryngeal irritation; some difficulty in swallowing, on account of follicular pharyngitis. Applying the cotton, or any foreign body, as paper, gold-beaters' skin, glue or collodion, instead of improving the hearing, diminished it, and in every instance increased the discharge. His hearing was always improved by keeping the Eustachian tubes free from any increased secretion of mucus or pus, by employing a mild astringent powder. It required great care on his part to prevent suffering from pharyngeal and nasal catarrh on exposure, so much so that we advised him to employ, when riding in the cars or facing the cold wind, rain or snow, a pledget of cotton in the external ear, or to cover the ears by ear protectors.

My son, Dr. C. S. Turnbull, reports two successful cases of the use of the cotton pledget saturated with glycerine and water, as recommended by Prof. A. Politzer.

George L., aged 60, many years ago accidentally discovered the total loss of hearing in his right ear. Ten years ago the left ear, after an attack of otitis media, commenced to discharge, and this continued up to within a year ago, when, after the use of a variety of astringents, in a three months' course of treatment, it ceased. The hearing power, almost a minimum, was materially decreased, evidently owing to a lack of moisture within the tympanum. Inflation by Valsalva's method forced the air into the tympanum, and out through the meatus, with a dry, rushing sound. Previous to treatment the hearing distance was: watch, on contact; and loud voice, close to the ear. Upon examination, the membrana tympani in its lower portion was found destroyed by the necrotic processes, whilst the mucous membrane of the promontory appeared sclerosed. Considering the case peculiarly adapted to the application of an artificial membrana tympani, a small pledget of cotton saturated with a solution (glycerine and water, equal parts) was introduced. With this resting against the lower end of the remaining portion of the handle of the malleus and anterior wall of the meatus, the hearing distance for the watch was increased to six inches; and after addressing the patient in the ordinary tone of voice, he remarked, "You need not shout any more." This patient subsequently returned from time to time for his new membrane (?), and especially on Saturdays, so he could be prepared to hear Sunday's sermon. As is generally the case, the pledget could not be worn for more than forty-eight hours, as it not only ceased to be an assistance, but also provoked a discharge. It might be well to state, that during the intervals in which the pledget was not worn, an injection containing a small proportion of glycerine was used twice a day, whilst the meatus was filled with a loose ball of cleansed wool.

William F., aged 45, has been suffering for more than twenty years with chronic aural and naso-pharyngeal catarrh, and for the past five years with a purulent otitis media of the right ear, the condition of which, after six months' treatment, was: hearing distance for watch, one inch; no discharge, small rim of membrana tympani remaining at upper portion, where it is adherent to about one-half of the remaining portion of the handle of the malleus. Introduced the pledget of cotton, as in case above, and in the same position. From one

inch, the hearing distance of the watch was increased to three feet. This patient, a piano tuner, returns from time to time, when he has particularly nice work on hand; but, as regards the length of time of wearing his membrane (?), is subject to the same restrictions as was the case mentioned above.

The improved artificial membrana tympani is shown in Figure 1. The first important improvement was to make the stem of steel, also the support of the disk of the same material, so as to act as good conductors. The second improvement was to cover the whole with the thinnest rubber by means of heat, so as to protect the metal from the action of the discharges. The third is a delicate metal wire, supporting the thin rubber drum, and preventing curling up. The stem can be long or short, as desired, as it can easily be cut with a strong pair of scissors. They are made of all sizes, by George Tiemann & Co., of New York, who think it a splendid improvement over all the others which they have on hand. Two of the first of these are now worn, with the most happy results, by a young military man, who finds them a great advantage, in improving his hearing, when on duty. During the Centennial, I showed them to Dr. C. H. Benni, of Warsaw, Poland, a distinguished physician, who has devoted much time and attention to the study of the ear and its diseases, under Professor Politzer, of Vienna, and he was highly delighted with them, especially with the new feature of the stem not being in the middle of disk, but on the side, and he observed that the idea was a good one, as he compared "the perforation in the membrane to a door, and the new artificial membrane could be placed on one side of it and not fill it up." He desired to take one with him to show to his confrères in Europe, as the best artificial drum yet invented. Dr. H. Knapp, during a recent visit, and on examination of the instrument, expressed his approval of the form. *There are a few practical hints which are well to be remembered when artificial membranes are employed.* In introducing the plug of cotton wool, always moisten it with water, glycerine, or a weak solution of sulphate of zinc in water. The use of a small pair of tweezers, or small forceps, assists the surgeon or patient to place the cotton in the right place. One or two trials may be necessary before the exact spot is found. A disk of rubber or the plug of cotton wool is not, like the new artificial drum, susceptible to vibrations of sound. In applying the new membrane we must have them made of the proper size. Before introducing, moisten the drum portion only, and carefully, with warm water and glycerine, by means of a brush, and then press it gently down the meatus; when it has arrived in the right place, there is generally a little click, from the escape of the compressed air. No force must be employed in the introduction, and we must be guided by the sensations of the patient as to the hearing being improved or not. The pledget of wool or new artificial membrane should not be so large as to entirely fill up the meatus, or perforation. An open space should be left between the wool and the walls of the meatus for sound to pass to the tympanum. The cotton wool or artificial membrane should be taken out at night. If there is any odor or pus on either side, it must be washed off; and in the case of the cotton, it had better be renewed with fresh material. The artificial membrane must be covered from extreme heat, dust, and very dry air. If granulations are found on the surface of the middle ear, projecting through the perforation, these must be removed by the use of a small portion of powdered sulphate of copper, on a brush, or by dipping a long camel's-hair brush in water, and applying it to a crystal of sulphate of copper, and then to the granulations, after wiping out any pus or adherent mucus. If the bone is not involved, and these granulations cover the whole surface of the perforated membrane, a strong liquor plumbi, or solution of sulphate of zinc, can be employed, by the patient, at night, and applied after cleansing, by means of "Clark's douche." This application can also be performed with the long brush, passed well into the meatus, from time to time, until the surface becomes healthy. Another important point in the treatment is to relieve any obstruction of the Eustachian tubes, either by Politzer's method or with the catheter.

FIG. 1.

If permanent or temporary occlusion should occur in the Eustachian tubes, following scarlet fever, diphtheria, small-pox or syphilis, a careful examination must be made by means of the rhinoscopic mirror. This desired object is accomplished by placing a small mirror, behind

the uvula and soft palate, with its reflecting surface looking upward, on which the light of a lamp, or gas-burner, is thrown. By sliding or inclining the mirror, the Eustachian orifices, or where they should be, can be seen.

It will be well to remember, in this examination, that the color of the mucous membrane of the cavity of the nose is a pale grayish red or yellow; the space between the outline of the nares and the position of the Eustachian tube is yellowish red; the Eustachian tube, a projecting nipple; in the centre a distinct depression, in which is situated the Eustachian orifice—color, bright red; and the other parts have the usual color of the mucous membrane of the pharynx.

If only partial occlusion is found, and the orifices of the tube are not completely covered with cicatricial tissue, resort should be had to means to overcome it; this is accomplished by the use of a strong solution of nitrate of silver, forty to eighty grains to the ounce of distilled water, which is applied by means of a Eustachian catheter, or fine probe of metal or bone, on which is a pledget of cotton. By the use of the author's Eustachian forceps,* applications can be made of these strong solutions by a delicate piece of velvet sponge, charged with the fluid, and carried to the pharyngeal orifice of the Eustachian tube. Notwithstanding all our efforts, there is a class of cases in which we cannot succeed in improving the hearing by the artificial membrane, and they are those in which the brain, or auditory nerve, or its branches, are affected; this will only be found out when all the disease of the tympanic cavity is removed.

December 1st, 1876, 1502 *Walnut St.*

PUERPERAL CONVULSIONS.

Read before the Philadelphia County Medical Society, November 8th, 1876,

BY W. H. PARISH, M. D.,

Obstetrician to the Philadelphia Hospital.

Puerperal convulsions are, perhaps, almost as old as the puerperal process itself, yet so terrible are the eclamptic phenomena, so awful the consternation they produce on friends, or even on physicians, so frequently futile are the efforts of the profession, that the members of a medical body are always ready to listen to whatever pertains to this subject.

It is mainly with the view, then, of adding what I may to the mass of *data* which time collects that I present the histories of the following five cases. It is also with the view of eliciting an expression of opinion from the gentlemen present that I present these cases, and that I also subjoin some concise remarks bearing on what seem the most important relationships of the subject.

Case 1.—Hysterical Convulsions During the Fifth Month of Pregnancy.

In August, 1872, I was called to a young woman, Sarah G., aged twenty years, unmarried, and in the contortions of a severe convulsion. The convulsion did not seem to partake entirely of the character of an epileptiform seizure. The movements of the extremities did not seem wholly independent of volition. Following the convulsion was neither quiet stupor nor coma, but a state of apparent drowsiness, varied alternately with laughing and crying, and with ludicrous remarks. In a short time there was a repetition of the convulsion, and a number of them during the night. There were two convulsions during the following three days. She confessed to me that she was in the fifth month of an illegitimate pregnancy. During the following few weeks she had several convulsions, all of a hysterical character, but none during the later months of her pregnancy, and none during her lying in. Her urine was not albuminous, and there was no œdema. She never had a convulsion prior to the night to which I have referred.

Case 2.—Epileptic Convulsions During Labor, and Recurring Subsequently.

On August 2d, 1874, I was in attendance on Mrs. R., in her fourth confinement. She was about thirty-five years old, married, and during her first two labors had experienced no convulsive manifestations. At her third labor, as the head was being born, a convulsion came on. During the lying-in, several convulsions occurred, and subsequently, at irregular periods, attacks having the characteristics of epileptic seizures would occur. During her fourth pregnancy the attacks continued, though with less frequency than prior to the time of conception. As the fourth labor progressed, she manifested unusual agitations and alarm, but it was not

* See descriptions and illustrations at page 17 of author's work on "Tinnitus Aurium," second edition. Philadelphia, J. B. Lippincott & Co., 1875.

until the placenta was being delivered that a convulsion occurred. Tonic followed by clonic spasms, unconsciousness, and a short coma, furnished the features of the seizures. In fifteen minutes a second convulsion occurred. Immediately after the first convulsion I gave her:—

R.	Morph. sulph.,	gr.$\frac{1}{3}$
	Pot. bromid.,	gr.xxx.

After the second, I repeated the same remedies. During that lying-in there was no further return of the convulsions. At the time of her labor she was thin, delicate, with a troublesome cough, and with roughened breathing at the left apex. An examination of the urine passed after the convulsion showed no albumen. At different times since her getting up I have seen her in epileptic paroxysms.

Dr. R. A. Cleeman saw this patient with me.

Case 3.—Eclamptic Convulsions during Labor—Albuminuria.

In April, 1874, I was called to see a patient, then in labor at full term. She was an outdoor patient of the Howard Hospital, and when I first saw her at her home, she was in active labor. She was about twenty-five years of age, robust in appearance, of full habit; was, in short, a strong, red-faced Irish woman, and had passed through one previous labor, without any untoward circumstance. There was not the slightest discernable œdema of any part. The pelvis was roomy, the head penetrating in the L. O. A. position, the os the size of a half dollar, and its borders not rigid. There was, from the moment that I saw her, one symptom and only one, which, while it occasioned the patient absolute suffering, awakened no inconsiderable anxiety in myself. That one was an intense headache, referred mainly to the forehead, causing so much pain that she would clasp her hands to her head and would cry "my head, oh my head," seeming unmindful of the pain that the vigorously contracting uterus must have occasioned. For a few days she had been passing her urine frequently, but in small quantities, and her bowels had been daily moved.

Apprehending that the head symptom was indicative of a condition that might be productive of a more serious phenomena, convulsions, I sent for chloral hydrate and ether. Before their arrival, however, there was an escape of the liquor amnii, and the uterus began to contract with even increased vigor, and the woman's great restlessness increased. A moment later, for an instant, she was still, then a slight drawing of the head and face to the left side, with twitchings of the muscles of the left half of the body, and then a fully developed general convulsion, with complete loss of consciousness, flushed and livid features, dilated pupils, and a full, strong, bounding pulse. As quiet was returning, I made a hurried digital examination, and found the head ready to engage at the superior strait and the os amply dilated. Applying the forceps (Wallace's), I promptly delivered the woman, during the stage of coma, without injury to her tissues, and in a few minutes removed the placenta by Crede's method. The uterus contracted firmly and remained so, with the loss of not more than three or four ounces of blood. The coma following the convulsion lasted about ten minutes. The pulse lost its fullness and strength, and consciousness gradually returned. Thirty grains of chloral were now given by the mouth. But in a few minutes there was a recurrence of the convulsion, with all the attending phenomena, save that the coma was more prolonged, and the return to consciousness was not so complete, a state of great agitation and of resistance developing. During this and the subsequent convulsive seizures I administered ether by inhalation. After the second convulsion, I gave thirty grains more of chloral, and before the third convulsion, Dr. W. B. Atkinson, Obstetrician to the Howard Hospital, arrived. He approved of the chloral and ether treatment, especially the chloral, this to be continued in doses of twenty grains every fifteen minutes until the convulsions ceased; the ether to be given only on the approach of the spasms. Within the first half hour subsequent to the first convulsion one drachm of chloral hydrate had been given by the mouth, and yet a third convulsion occurred; a third one, too, more severe than the first, though held in partial check by the ether. Twenty grains more of chloral were given by the mouth, and owing to the great difficulty now in making the patient swallow, forty grains were injected into the rectum. The convulsions simply recurred with increased frequency, convulsion giving place only to coma, and coma soon only to convulsion. Yet we continued the chloral *per rectum*, in drachm doses every half hour, until we had used up, in addition to the eighty grains by the mouth, 240 grains *per rectum*. Gradually the flushed and livid features gave place to pale and

livid ones, and the pulse showed a heart losing its strength. At the expiration of the ninth hour the convulsions ceased. The nerve-centres had become exhausted, because of the repeated abnormal explosion of nerve force; or, they had become overpowered by reason of vascular engorgement, or of œdema, or of hemorrhagic exudation; or it is probable they were narcotized, because of uræmia, with or without additional toxæmia, or narcotized also, may it not have been, by reason of chloral?

After two hours of coma the patient died. The child was a female, of large size, and is still living. The patient's urine, passed after the beginning of labor, but before the beginning of the convulsions, showed, on testing, one-half in bulk to be albumen. There was no microscopical examination. After the appearance of the convulsive seizures, there was almost complete suppression of urine. No autopsy could be obtained.

Case 4.—Eclamptic Convulsions Subsequent to Labor—Albuminuria.—High Temperature.

Mary E. H., aged 22 years, a primipara, entered the Philadelphia Hospital several weeks prior to her confinement. She stated that she was married, but confessed later that her pregnancy was an illegitimate one. During the time she was in the hospital, she was markedly œdematous, her lower extremities being excessively so. She, however, spoke of no headache, nor of other unpleasant symptoms, excepting that arising from the mechanical distention of the legs and feet.

On July 18th, 1876, at 10 A. M., she was delivered by the interne, Dr. P. E. Loder. The position was a L. O. A. one. The child was a male, weighing six and a half pounds. The duration of the first and second stages of labor eight and a half hours. The placenta was delivered in twenty minutes. At the approach of night she became quite restless. She received twenty grains chloral hydrate, and slept well until 5 A. M. of the next day At that time Dr. Loder was summoned. He found the patient recovering from a convulsion. This was not followed by coma. When quiet, after the seizure, her pulse was ninety per minute, and the temperature 100° Fahr. Two and a half hours later another convulsion appeared, quickly followed by another, and then convulsions occurred in rapid succession. At this time the pulse was 160 and the temperature 104⅕° Fahr. Coma, becoming more and more profound, followed each paroxysm. The urine was now examined and found to be highly albuminous. Chloroform was administered and twelve dry cups were applied over the kidneys. At 10 A. M. her temperature was 105⅘° Fahr., her pulse 168. The removal of the chloroform was quickly followed by a renewal of the convulsions. At 10.30 A. M. I reached the patient. Her temperature was still 105⅘° Fahr., and her pulse 160, and the convulsions were found still to recur on withdrawal of the chloroform. From the coma she would merely pass into another convulsion.

I directed the continuance of the chloroform, and the administration of four drops of croton oil by the mouth, and later, had four drops administered by the rectum. Several free, watery, alvine evacuations followed, with a reduction of the temperature to 103° F., a fall of two and three-fifths degrees, but the pulse remained 160. The chloroform was now discontinued, and the convulsion did not return. The patient became almost perfectly conscious, conversed with those around, yet seemed in a state of bewilderment. Her thirst was intense, and she ate ravenously. Ice was also applied to her head. She now received thirty grains of potassium bromide and an ounce of whisky every two hours. At 10 P. M. her temperature was 103° F., and the pulse 160. She was restless and evidently failing. She now received one-quarter of a grain of sulphate of morphia hypodermically. At 4 A. M., of the 20th, after four hours of coma, she died. No autopsy obtained.

(To be Continued.)

A CASE OF HERNIA, WITH OBSCURE SYMPTOMS.

BY CALVIN POLLOCK, M.D.,

Of Donnelsville, Ohio.

November 19th, I was called, in the absence of her usual medical attendant, to see Mrs. F., near Enon, O., aged 76 years; widow; never had any offspring; large-framed and rough-featured. Found her suffering from a mild attack of pneumonia of left lung. She also had a chill at about the same hour each day, for three days in succession, which ceased under the use of a solution of quinia, and she recovered, as she avers, "in spite of the

medicine." This much for an explanation. Exactly one week after my last visit, I was recalled in haste. From her I learned only that she had had a chill, thought she would never get warm again, and that if we would let her alone she would be contented to die. From others I learned that she had been unusually well the two days preceding, and had partaken of a hearty breakfast and made no complaint until 10 A. M., when she had a violent chill and complained of excruciating pain, and indicated its seat by placing her hands over the stomach. It was now 2.30 P. M. She was on her back, with limbs extended. Countenance expressive of great pain. Tongue, pulse and temperature (taken by a Casella thermometer) perfectly normal; body and extremities warm to the touch; tears flowing from eyes. No vomiting. Pain coming on in paroxyms, and followed by moments of relief, as in colic. I ordered a mustard poultice to stomach, and the party that applied it told me the bowels were swollen. I wanted to know all about that, for while I had been observing her she had become delirious, pointing with her finger in various directions and picking at the wall and bedding. Throwing off the covering, I found a right femoral hernia, very tense and tender. To elevate shoulders and pelvis, flex and rotate thigh upon abdomen, give chloroform and reduce by taxis, was fortunately the work of but a few minutes. As it suddenly slipped into the cavity of the abdomen, the old lady shuddered violently and awoke smiling.

A truss and the after-treatment usual in such cases was ordered. She then told me that she had never had the slightest symptom of rupture in all her life. Did not recollect of having stooped down or of lifting anything; that her bowels were regular and passage easy; that she did not know what was the matter or when it occurred, only that the pain was sudden, and intense from its inception, in the region of the stomach. I do not think she could have survived much longer unrelieved, having already suffered about five hours.

The point I wish to make is the absence of certain prominent symptoms of hernia, such as the position, absence of emesis, and the ignorance of the patient as to the cause of and the seat of the pain; the difficulty of arriving at a correct diagnosis and the many sources of deception; for one does not always feel called upon to make an ocular examination of the abdominal regions of all his female patients who may complain of having had a chill and pain in the stomach.

Hospital Reports.

PHILADELPHIA DISPENSARY.

DR. MARIS, RESIDENT PHYSICIAN.

REVIEW OF THE TREATMENT OF NERVOUS DISEASES, AND EXTRACTS FROM CLINICS.

NO. I.

REPORTED BY C. C. VANDERBECK, M. D.

Epilepsy.

Dr. Maris depends chiefly upon the bromides, large doses and long continued. He has seen but one case that seemed to be actually cured. In the majority of cases there is an improvement, a checking of the disease, but his experience leads him to believe that real cure is seldom.

Neuralgia.

When there is any history of periodicity, he uses *sulphate of cinchonia*. He began to use this on account of its cheapness compared with quinia, as this is an important point to remember in dispensary service. He is satisfied now, from the evidence of a long experience, and abundant trials, and careful watching of results, that the cinchonia sulphate is *just as efficacious* as quinine, and need not be given in one-third larger doses. It is a drug to be preferred to quinia, as it has not the same tendency to bring on various unpleasant cerebral symptoms. In many cases of neuralgia he is fond of using the bromides. A very favorite prescription, when there is need of any decided narcotic effect, is what is known in the institution as the *narcotic tonic*. The formula of this is as follows:—

℞.	Ext. opii.	
	Ext. conii,	
	Ext. can. indicæ,	
	Ext. bellad.,	āā ℥ss
	Dissolved in alcohol,	℥iss
	Add	
	Strychnia,	gr.ss
	(dissolved in ℥j of alcohol)	
	Quin. sul.,	gr.x
	Aq. acidulata,	℥j
	Ol. anisi,	gtt.iij
	Sy. acacia	℥j. M.

Sig.—Dose 10 drops, repeated cautiously.

Again, the subcarbonate of iron is of peculiar value in very many cases of neuralgia, not simply as a ferruginous tonic in anæmic cases, but it seems to have a special or a peculiar effect in this painful malady. He does not attempt to explain the modus operandi, but a multiplied experience has taught him its value, and has corroborated the statement made to

him, years ago, by old Dr. Casper Wistar, of this city, who claimed the wonderful value of this drug in neuralgia, especially that variety affecting the fifth pair of nerves.

Sciatica.

Only a general idea can be given of the plan of treatment for these various nervous diseases. The treatment varies, of course, but this review is to present more particularly any special features of therapeutics. Besides the usual plan of counter-irritation, the doctor is in the habit of prescribing a mixture of cimicifuga and phosphate of ammonia. The prescription is this:—

℞ Tinct cimicifugæ,
Liq. phos. ammoniæ,
Aquæ, āā ℥ij. M.
Sig.—Tablespoonful thrice daily.

The solution of phosphate of ammonia is of the strength of 60 grains to the ounce of water.

Chorea.

Dr. Maris depends upon cimicifuga for treating this convulsive disorder. He has cured many cases with this drug. Arsenic is sometimes prescribed, but it has not met his expectations; he thinks it may be due to his not pushing the arsenical treatment sufficiently.

Iron is given in anæmic cases, and every source of irritation removed. The doctor is now treating a case of chorea in a young lady twenty-one years old, whose left foot is the seat of the affection. The movement is of a stamping character, and has worn out the shoe on this foot. The treatment is by cimicifuga, but she has not been using it long enough to note the effect.

Some of the house prescriptions used in this institution are as follows:—

I. MISTURA INTERMITTII.

℞ Cinchoniæ sulphatis, gr.xvj
Acid. sulphuri cum, gtt.ij
Tinct. ferri chlor., f.℥j
Syrupi
Aquæ font., āā f.℥j. M.

II. MISTURA FUSCA.

℞ Ext glycyrrhizæ, gr.xv
Pulv. acaciæ,
Sach. albi, āā gr.xv
Tinct. opii camph., f.℥j
Vinum antimonii, f.℥ss
Spts. ætheris nit., gtt.xv
Ammoniæ murias, gr.xv
Aquæ, f.℥j. M.

III. MISTURA TUTTII.

℞ Ol. morrhuæ, f.℥ij
Tinct. ferri et quassiæ, f.℥ss. M.

IV. MIST. POTASSII CHLORATIS ET FERRI.

℞ Potassii chloratis, ℥ss
Tinct. ferri. chlor., f.℥j
Aquæ, q. s. ad. f.℥j. M.

V. PILULA PODOPHYLLI COMP.

℞ Podophylli. gr.ss
Ext. colocynth comp., gr.ijss
Ol. carui, gtt.¼. M.
Et ft. pil. No. 1.

VI. PIL. OPII COMPOSITA.

℞ Pulv. opii, gr.ss
Mass. hydrarg., gr.j. M.
Et ft. pil. No. 1.

VII. PIL. CERII OXALAS.

℞ Cerii oxalas, gr.j
Ex. gent., q. s. M.
Et ft. pil. No. 1.

VIII. PULVIS COLUMBÆ COMPOSITUS.

℞ Columbæ, ℥iv
Mag. carb., ℥iij
Zingiberis, ℥j
Ol. carui, gtt.iv. M.
Sig.—A half drachm night and morning.

IX. SYRUPUS CERASI COMPOSITUS.

℞ Morphiæ acet., gr.j
Syr. scillæ, f.℥j
Syr. pruni virg., ℥ij. M.
Sig.—One drachm three times a day.

X. SYRUPUS ASSAFŒTIDÆ.

℞ Tinc. assafœtidæ, f.℥ss
Syrupi, ℥iss. M.

XI. SYRUPUS PECTORALIS.

℞ Syr. pruni. virg., f.℥j
Tinc. benzoini comp.,
Tinc. hyoscyami, āā f.℥ss. M.
Sig.—A teaspoonful three times a day.

XII. SYRUPUS ASTHMATICUS.

℞ Syr. scillæ, f.℥j
Tinc. lobeliæ,
Liq. morph. sul., āā. f.℥ss. M.
Sig.—A tablespoonful three times a day.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

REPORTED BY JOHN B. ROBERTS, M.D., RESIDENT SURGEON.

Epithelioma of the Penis—Amputation by the Ecraseur.

This is a case of cancerous disease of the penis, and presents the usual characteristics of that malady. The patient, who is about sixty years of age, reports that the first symptom was the appearance, about eighteen months ago, of a small wart on the left side of the penis near the base. This is rather an unusual seat for epithelioma of the penis to originate in, for it more frequently has its primary location on the pre-

puce or glans. Through ignorance the man paid little attention to the ulceration which followed, and seems to have attributed it to some syphilitic inoculation, although he distinctly states that he has not had connection for years.

When he applied for admission, he said he had burning pain when passing water and a sore on his penis. Examination revealed this fungous condition. As is seen, the glans is intact, while the body of the penis back to the very base is the seat of malignant ulceration, discharges unhealthy pus, and exhibits a number of orifices through which the urine escapes, for none comes through the meatus. The greatest destruction is on the dorsal surface, though the inferior aspect is also infiltrated with the malignant deposit, so that it is impossible to pass even a small catheter along the urethra. The situation of the epithelial growth proves the history given, namely, that the disease originated at the base of the penis, to be correct.

The only treatment, of course, is amputation of the penis close to the abdomen, which will be done by the écraseur. In this operation Dr. Levis prefers to introduce a catheter into the bladder as a preliminary step, but here it is impossible to do so. Another excellent procedure is to split the urethra after the amputation, and stitch the mucous membrane to the surrounding tissues; but this may not be advisable or necessary in the present instance.

The écraseur is now applied and slowly tightened around the organ, in order to avoid hemorrhage. After the lapse of say eight minutes the structures are severed, and you now see nothing but an oval raw surface at the pubis. This will be dressed with carbolized oil, and if the patient has difficulty in urinating a catheter can be introduced. This is a favorable case for operation, because the inguinal glands are not much enlarged. The slight enlargement existing is most probably due to sympathetic irritation, and not to carcinomatous infiltration, for epithelioma is the least virulent of the cancers, and is perhaps more readily arrested in this situation by excision, than in any other portion of the body. It may be necessary hereafter to split the urethra, in order to give free passage to the urine, but this will depend on circumstances.

[It is now nearly a week since the operation, and the patient is in the best condition possible. He passes urine without difficulty, and is greatly relieved by the thought that the cancer has been removed].

Traumatic Ectropium.

This boy was burned about the face a couple of years ago, and presents now the condition of ectropium of the lower lids, as a result of the cicatricial contraction. Ectropium means the eversion of the lids, in contra-distinction to entropium, which is the term used when the lid is turned in against the globe. The condition is of importance to surgeons, for several reasons. The cicatricial contraction that draws the lid down everts the mucous membrane, which, becoming inflamed and hypertrophied, gives the unfortunate patient a very disagreeable appearance; but more than this, as the lid is drawn away from the eyeball, the orifice of the little canaliculus that conveys the tears from the conjunctival sac to the lachrymal duct is pulled out from contact with the globe, and cannot conduct the tears away. Consequently, the patient suffers from epiphora, which is the more annoying, because the eversion of the lid allows particles of dust to enter the eye, and produce more than the normal flow of tears. Hence, as the quantity of tears is increased, and the means of carrying them away is diminished, there must be a persistent and an abundant flow, over the lid, upon the cheek, which in time will produce an eczema.

For these reasons, the patient desires to have the condition treated by surgical interference, which must be of a plastic nature. There have been proposed a number of operations to accomplish the object; the most common is the one to be adopted here. A triangular flap, with its base upward, toward the everted lid, is dissected from the cheek, the redundant mucous membrane is excised, and then the flap is pushed upward until the lid can be turned against the eyeball. Here it is secured by delicate lateral sutures, and the wound below approximated by harelip pins or wire. These steps have now been done, and although the cicatricial condition of the cheek, in the present instance, did not give very good material, the boy looks much better already. If there had been too much tension to have given sufficient flap for this procedure, a flap could have been taken from the side of the face, and turned into the gap, as in a case of ectropium of the upper lid, presented last winter.

The excising of the hypertrophied conjunctiva is important, because it gets rid of a displacing agent which would require a great deal of time to be removed by absorption. Some operators pass a loop of silk through the conjunctiva, and then, pushing the needle down behind the triangular flap, invert the lid by traction and secure the end of the suture to the cheek. This aids in keeping the lid in position until union of the flap is secured.

In performing plastic operations it is necessary to have a flap large enough and thick enough to relieve all tension, and to be well nourished. Another point is to have the apex of the triangle in a line with the greatest eversion of the lid, which is generally somewhat triangular in shape. This may be directed downward, or somewhat inward, or outward. In this case it was outward, and the flap was cut accordingly. Sometimes it is necessary to repeat this operation before the lid can be restored to its proper position.

☞ Subscribers will please remember to forward their dues *promptly*, so as to insure the uninterrupted delivery of the journal.

KING'S COUNTY (N. Y.) HOSPITAL.

SERVICE OF DR. HUTCHISON.

REPORTED FOR THE MED. AND SURG. REPORTER.

Exsection of Wrist.

John G., aged 25; Ireland; farm-hand. Two years ago patient's wrist was jammed against a wagon, without other injury, however, than the contusion. It gave him no trouble, other than a weakness in the joint, for over six months, during which time he continued to work and use the hand as usual. At the end of that time, however, the wrist began to swell, and gave him much pain. It remained in a chronic condition for six months longer, when the swelling rapidly increased, and finally opened spontaneously, discharging pus from the joint one year after the original injury. It remained in this condition, discharging pus and giving the patient great pain, when he finally entered this hospital for treatment. The introduction of a probe determined the nature of the case, and exsection was determined upon. The patient's condition being suitable, the operation was performed after Lister's method, the ends of the radius and ulna, and of the third and fourth metacarpal bones, being removed, as well as the entire carpus, with the exception of the pisiform bone. The cartilaginous portions of the joint were eroded, and the bones themselves friable and in a degenerate condition. The hand was put upon a splint, a drainage tube left in the wound, and antiseptic dressings applied. The wound did remarkably well, giving the patient but little trouble. One month after the operation it had nearly closed, the patient having fair control over the flexion and extension, the only difficulty seeming to be that the tendons had not adapted themselves to the shortened forearm.

H. M., aged fifty-nine, Ireland, was brought into the hospital with symptoms of compression of the brain. His friends stated that he had been paralyzed in the lower limbs for over a year, but that lately his condition had become worse, until now he was unable to control the sphincters and had lost the power or inclination to move or speak; if put into a chair he would stay there from morning until night without speech or motion; his appetite, however, was good. After his admission the symptoms of compression increased, until, at last, his breathing becoming more and more stertorous, he died.

Autopsy.—On removing the calvarium and dura mater, there was found, compressing the left hemisphere of the cerebrum, throughout its whole extent, a cystic tumor, ovoid in shape, measuring 4½ inches in the long, and 2½ inches in its short diameter, and weighing 7 ounces. The cyst contained thick greenish pus, partly intermingled with a brownish fetid fluid, of the same consistency. The pressure of the tumor had caused what appeared to be an abscess underneath the gray substance, that being depressed but apparently unaltered in the white substance of the brain. The portions of white matter adjoining the abscess were inflamed and evidently undergoing disintegration. The arteries at the base of the brain were atheromatous. There was granular thickening and opacity of the arachnoid also. The valves of the heart were atheromatous, the lungs were congested, and the right upper lobe contained a cavity. The kidneys were cystic and granular.

CITY HOSPITAL, N. Y.

SERVICE OF DR. ORMISTON.

REPORTED FOR THE MED. AND SURG. REPORTER.

M. S., aged twenty-six, sailor, two days before admission, Nov. 17th, was taken with severe pain in the left side, chill, cough, and delirium. Physical examination discovered the usual signs of pneumonia, the lower lobe of the left lung being the point of attack. At this time the pulse was 100, temperature 102½°, respiration 28. Two days after, the right lung became involved, the two upper lobes being the seat of inflammation. The respirations arose to 40, but the pulse and temperature continued the same. The patient was given, every two hours, four-grain doses of Dover's powder, with stimulants and nourishment in abundance; counter-irritation also over the chest. By the 26th the temperature was normal, but the respirations still kept up to 40 and the pulse had fallen to 64. Whisky was now administered, half a drachm every hour; the Dover's powder being continued as before. The pulse continued to fall, however, until it reached its lowest point, 46, December 1st, the temperature at that time being normal and the respirations 28. After this, the pulse rose to 51 and became full and steady, the whisky being continued as before. Physical examination shows that the process of resolution is progressing favorably. The patient is not allowed to sit up at all, and the main feature of the treatment has been the free use of stimulant, with opium and ipecac.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS, PHILADELPHIA, OCTOBER 4, 1876.

The following case of

Wound of The Elbow-joint, Treated Antiseptically,

was read by Dr. J. Ewing Mears. The patient, M. H., aged twenty two, was admitted into the Surgical Wards of St. Mary's Hospital on July 6th, with a punctured and lacerated wound of the left elbow-joint, caused by being stepped upon by a mule, the long-pointed heels of the shoe penetrating the cavity of the joint. On examination, some hours after the receipt of the injury, there were found two wounds, one on the outer aspect of the arm, just above the condyle, extending in depth to the bone, but not communicating with the articulation, and the other on the anterior surface of the joint, quite near to the inner border. This wound

opened directly into the joint, the ligament being ruptured to a large extent, and thus exposing the articular surfaces of the bones, which were partially denuded of cartilage.

Although the patient had been run over at the time of the receipt of the injury to the joint, the wheels of an empty ice wagon passing over his chest and right arm, still he was remarkably free from any symptoms of shock. After consulting with my colleagues, it was determined that an effort should be made to save the limb, and, in order to accomplish this end, I decided to employ the antiseptic method. Delay occurred in procuring a portion of the dressing I wished to apply, and the treatment was therefore not begun until nearly forty-eight hours after the accident, when some inflammatory action had taken place, the joint being much swollen and the skin discolored. A thin, sanious fluid, a mixture of blood and synovia, issued from the joint wound, but suppuration had not commenced.

The method of applying the antiseptic dressings was, in the main, that first suggested by Professor Lister, and consisted in covering the joint completely with a compress of sheet lint, of such size as to extend from the middle of the arm to the middle of the forearm, the compress being first saturated with a mixture of carbolic acid (Calvert's solution), one part, to olive oil, four parts. This compress was made thoroughly antiseptic, every portion being soaked in the carbolic acid mixture. A putty, made of carbonate of lime and the carbolic acid mixture, was then spread upon a strong muslin compress, and applied over the first compress, in such manner as to completely envelop the part. A piece of waxed paper was placed over this, and the whole dressing retained in place by a bandage loosely applied. In order to maintain motion in the joint, a Stromeyer's splint was secured to the part, and instructions were given to the resident physician, Dr. Ragan, to change daily the position of the arm by acting upon the joint of the splint.

The patient complained for a short time of slight burning pain, caused by the carbolic acid mixture where it came in contact with the surfaces of the wound. In other respects, he expressed himself as free from pain and discomfort. His condition was very favorable after the application of the dressing, the symptoms of inflammatory action gradually disappearing.

Four days after the dressings were applied, the inner compress of sheet lint was exposed, and on the under surface, near the joint wound, were found evidences of slight suppuration. This compress was not disturbed, but a quantity of the carbolic acid mixture (acid and oil) was poured upon the external surface and rubbed into the meshes of the lint, so as to saturate it, when a fresh compress covered by the putty was applied with the waxed paper and splint as before. Four days later the outer dressings were again removed, and it was evident that the suppurative action had increased since the last dressing, there being sufficient pus to saturate the under surface of the lint compress. There was, however, but slight odor. The compress was allowed to remain in place, and again rubbed over with the acid and oil, the outer dressing being replaced as before described, with a change of the putty compress.

In this manner the wound was dressed until the seventeenth day, when *all* of the dressings were removed, and the following conditions were observed: The sheet-lint compress was slightly offensive, the portion in contact with the joint wound being covered with pus which had become dry. Both wounds were entirely filled up, and cicatrization was beginning in each. The motion of the joint was very free, extension being slightly limited; in the forearm, supination and pronation could be accomplished with slight difficulty. The dressings were renewed, with the exception of the compress of putty, and at the expiration of two weeks they were removed finally, the wounds being healed and motion completely established.

Editorial Department.

Periscope.

On Salicylate of Quinine as an Antipyretic.

This is the subject of a short article by Dr. J. G. Brown, in the November number of the Edinburgh *Medical Journal*. He says:—

This salt is prepared by the action of salicylate of soda on sulphate of quinine. It is insoluble in water, but dissolves readily in certain acid solutions, and tolerably easy in cold, still better in hot, alcohol. In the cases in which it has been administered, the dose has ranged from ten to forty grains, according to the age of the patient and the mode of administration, thirty grains in most cases being sufficient. Its antipyretic action usually begins in about an hour if it has been administered by the mouth, and continues for some hours subsequently. In some cases the temperature has fallen as much as five degrees in the course of three or four hours. Simultaneous with this antipyresis the pulse becomes slower and softer, the respirations also diminish in frequency, the skin becomes cool and moist, and generally the condition of the patient is much improved. He expresses himself as cool and comfortable, and sleep usually follows.

The action of salicylate of quinine is free from the profuse perspirations which attend that of salicylate of soda; and, on the other hand, the ringing in the ears and the deafness, which are occasioned by full doses of sulphate of quinine, are hardly noticed after the administration of salicylate of quinine, if an overdose be not given. The vomiting which large doses of sulphate of quinine so often produce, is entirely absent after the exhibition of salicylate of quinine, nor has albuminuria ever been noticed.

With regard to the mode of its administration, it may be given by the mouth, either dry (in wafer paper), or suspended in mucilage, or in water; but in severe cases (especially in enteric fever), it is best given as an enema, suspended in mucilage, with a small quantity of laudanum to soothe the mucous membrane of the rectum.

The Sulphur Treatment of Scarlet Fever.

Mr. Henry Pigeon writes to the *Lancet* of November 25th:—

The marvelous success which has attended my treatment of scarlet fever by sulphur induces me to let my medical brethren know of my plan, so that they may be able to apply the same remedy without delay. All the cases in which I used it were very well marked, and the epidermis on the arms in each case came away like the skin of a snake. The following was the exact treatment followed in each case: Thoroughly anoint the patient twice daily with sulphur ointment; give five to ten grains of sulphur in a little jam three times a day. Sufficient sulphur was burned, twice daily (on coals on a shovel), to fill the room with the fumes, and, of course, was thoroughly inhaled by the patient. Under this mode of treatment each case improved immediately, and none were over eight days in making a complete recovery, and I firmly believe in each it was prevented from spreading by the treatment adopted. One case was in a large school.

Having had a large experience in scarlet fever last year and this, I feel some confidence in my own judgment, and I am of opinion that the very mildest cases I ever saw do not do half so well as bad cases do by the sulphur treatment, and, as far as I can judge, sulphur is as near a specific for scarlet fever as possible.

Scarlet Fever in Childbed, and its Treatment.

A case of this is reported in the Edinburgh *Medical Journal*, November, 1876, by Mr. D. Sutherland. He comments on it as follows:—

I believe that the great danger of scarlet fever occurring in childbed consists in the uterine complications which are almost certain to follow. The lochia dries up, and inflammation of the uterus sets in, less or more diffuse; in short, we have childbed fever superadded to the scarlatina. Accordingly, the leading object of treatment ought to be to obviate, if possible, the uterine complications. For this purpose I believe strong mercurial friction (so as to bring the system quickly under its influence) to be little short of a specific. This is now the third case in which I have recently had occasion to put this remedy to the test, and in each with the most perfect satisfaction, nor have I observed any after bad result.

2. The treatment hitherto recommended has been stimulants, stimulants only, and stimulants continually. Churchill advises stimulants freely, largely, and from the very commencement. This is upon the principle of leaving the whole ravages of the disease to its full course, and endeavoring to fortify nature to endure the fierce attack. Stimulants, in all forms of disease, have their legitimate place, but I did not adopt this wholesale treatment by stimulants, believing that the patient would have a better chance of recovery by endeavoring to prevent, or combat, the uterine complications by a mercurial treatment, and have recourse to stimulants only when specially called for by nature, as indicated by the character of the pulse.

The Treatment of Albuminuria.

Dr. T. Lauder Brunton, editor of the *Practitioner*, says, in an article on albuminuria, that its symptoms are those of anæmia, viz., a pale and pasty complexion of the patient, who, on inquiry, tells you that he is weak, that he is short of breath, and suffers from dyspepsia and nervous weakness; that you may observe œdema of the legs, and you find albumen in the urine.

The causation of albuminuria must be distinguished as:—

1. Spurious albuminuria due to white of egg.
2. True albuminuria, in which serum albumen appears in the urine, and which lue to venous congestion or disease of the tubules.

The first indication for treatment, then, is, remove the venous obstruction if you can. The second is, lessen the flow of blood to the kidneys by drawing some of it elsewhere.

The venous obstruction depending on pregnancy will cease at the time of parturition, but it may be diminished by the prone position, while that depending on cardiac disease may be lessened by the use of such drugs as digitalis, which causes the heart to contract more forcibly, and by thus diminishing its orifices may render its valves once more competent.

The second indication is fulfilled by warm clothing, warm baths, and diaphoretics, which draw the blood to the skin; and by purgatives, which cause a greater flow of it toward the intestines.

The third indication is to lessen the anæmia which results from the drain of albumen, and of itself produces so many distressing symptoms and injurious effects.

This indication is fulfilled by the administration of iron, which increases the number of blood corpuscles, and at the same time dimin-

ishes the loss of albumen through the kidney. I will not at present attempt to explain how it acts, for this is matter of supposition, and others may be prepared with a more probable hypothesis than I can offer.

Hot Water Enemata in Dysentery.

In the New York *Medical Journal*, Dec., 1876, Dr. J. J. Reid recommends hot water injections in acute dysentery.

The method of administration is quite simple, and does not require the services of a skilled nurse, or extensive apparatus.

The hips of the patient are slightly raised, by means of a pillow, and a basin of water of the requisite temperature is placed in the bed, so as to allow the nates to rest on the edge of the vessel. The vaginal nozzle of a Davidson's syringe is then introduced into the rectum, and alongside of it the rectal or smaller nozzle. A current of water is then kept up for ten minutes, the water passing through the vaginal nozzle into the rectum, and returning by a steady stream through the smaller one into the basin, without causing any inconvenience to the patient. If the disease is extensive, and the colon involved for a considerable distance, a long rectal pipe may be employed instead of the vaginal nozzle.

The immediate effect on the patient is one of comfort, which lasts for about an hour.

The injections are to be continued every two hours, till the active stage of the disease is past.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——That magnificent national medical work, "The Medical and Surgical History of the War of the Rebellion," now progressed to three large quarto volumes, averaging nearly 1000 pages each, is in every way worthy the high position to which American medicine aspires. It is highly lauded abroad. One English critic justly says of it:—

"The completeness and accuracy of the bibliographical notes render these volumes invaluable as books of reference, while the full supply of facts furnished by the text enables the student to bring any surgical theory at once to the test of actual practice, for it is hard to name any injury of which instances cannot be found in abundance amongst these details."

——"European Medical Education as Compared with American," is the title of a paper read before the Tri-State Medical Society, by Dr. J. O. Stillson of Bedford, Ind. He describes the education of the European physician, alongside of which ours stands in painful contrast, and concludes by urging preceptors "to give their voices in favor of more strenuous rules on the subjects of matriculation and graduation."

——Vaginal Ovariotomy, by C. E. Wing, M.D., Boston. This essay is a sample of imprudent exploration. It is founded on a solitary operation (successful) for the removal of a cystic tumor through Douglas' cul-de-sac. The rest is a synopsis of the views of the author's neighbors on the propriety of the operation.

——Prof. Van Buren's well-known "Treatise on the Diseases of the Rectum" has been translated into the Danish language, and published in Copenhagen, by Dr. C. Sommer, of that city.

BOOK NOTICES.

The Physician's Daily Pocket Record: Comprising a Visiting List, many Useful Memoranda, Tables, etc. Eleventh Annual edition, 1877. For 35 and 70 Patients. Published by D. G. Brinton, 115 South Seventh street, Phila. Price $1.50 and $2.00.

The yearly increasing demand for this Visiting List speaks highly for the satisfactory character of its arrangement and contents. Those who have once used it do not care to change it, and without being specially pressed on the market, its peculiar features have introduced it largely. What these are may be briefly stated to be—1. A *self-closing steel spring clasp* (never tearing, as tucks do). 2. A perpetual calendar, by which it is rendered at all seasons *good for one year from date.* 3. Its convenient size, fitting the pocket at all times. 4. Its price-list of drugs, revised each year. 5. Its posological and toxicological memoranda. 6. Its metrical tables. The new edition contains full directions for writing prescriptions by the *new metrical* measures. In addition to these it contains the regular fee bill of the College of Physicians of this city, very useful everywhere as a standard of comparison; a table for calculating the period of utero-gestation; a table exhibiting the normal and abnormal qualities of urine, their signification and tests, with a list of apparatus and chemicals required; a list of important new remedies (revised every year) and their application; a table of the most useful disinfectants; the most approved rules for treat-

ing asphyxia from drowning, etc.; doses for hypodermic injections and for inhalations, etc.

The blank spaces are arranged for visiting daily either 35 patients, or, in the larger edition, 70 patients. There are cash record, vaccination record, death record, blanks for memoranda, addresses, etc. Altogether, it is as complete and handy a pocket volume as can be found.

Transactions of the Colorado State Medical Society, 1876. pp. 91.

After the usual proceedings, we find the Address of the President, Dr. H. O. Dodge; a report on Obstetrics, by Dr. W. E. Wilson; on Pulmonary Consumption, with a report of a number of cases, by Dr. H. A. Lemen; on Practice, by Dr. A. Stedman; on the Winds of Colorado, and Ozone Observations, by Dr. C. Denison; on Gynecology, by Dr. W. R. Whitehead; on Neuralgia as a Prevailing Disease in Colorado, by Dr. T. G. Horn; on An Elastic Apparatus for Spinal Curvature, by Dr. C. Denison; and on Renal Calculus, by Dr. H. A. Lemen. The Publishing Committee report increased interest in the meetings, and the papers certainly speak favorably for the culture and good judgment of the members.

The Medical Men of the Revolution. With a Brief History of the Medical Department of the Continental Army. An Address before the Alumni Association of Jefferson Medical College. By J. M. Toner, M. D., 1876. Cloth, 8vo, pp. 140. Price $1.00.

This is a very valuable addition to the history of medicine in America. It has cost the author a vast amount of labor, and will prove as interesting to every historian as it should to all those physicians who love to look back on the slow growth of the art they practice. Originally an address, it is now quite a volume, the copious notes adding to its size and value. At the close is a list of all the physicians and surgeons who took part in the Revolutionary struggle, arranged alphabetically, giving State and service.

Beitrag Zur Variolosen Ophthalmie. Von Dr. Maximilian Landesberg. Elberfeld. pp. 40.

This brochure, by an ophthalmologist who has lately become a resident of this city, describes the lesions of the eye which supervene in variola. He has evidently made a most conscientious study of the subject, and though he does not pretend to have gone much beyond Coccius and others in his observations, they reflect much credit on his accuracy. It is pleasant to learn that those sad sequelæ are much less prevalent now than formerly.

Contributions to Reparative Surgery: Showing its Application to the Treatment of Deformities Produced by Destructive Disease and Injury; Congenital Defects from Arrest or Excess of Development; and Cicatricial Contractions from Burns. By Gurdon Buck, M. D. Illustrated by Numerous Engravings. New York, D. Appleton & Co., 1876. Cloth, 8vo, pp. 237. Price $3.00.

We have presented in this volume the detailed histories of twenty-nine cases operated upon for various deformities, chiefly of the face, with varying results. Abundant and unusually good wood-cuts illustrate the greater or less success which attended the surgeon's effort. They are, on the whole, encouraging, though not excessively so. The narratives are rich in hints for practical expedients and resources, as we might expect, coming from a master-hand, as it does. Even if the reader has no intention to imitate the author in his daring feats in cosmetic surgery, he still can glean many valuable teachings from his pages.

Lectures on the Physical Diagnosis of Diseases of the Heart. By Arthur Ernest Sansom, M. D., M. R. C. P., etc. London, 1876. 1 vol., cloth, 12mo, pp. 115. Price $1.50.

Dr. Sansom is favorably known as an able physician, and the little work he here presents reflects creditably on his skill in presenting with singular clearness one of the most difficult branches of diagnosis. It includes symptomatology, etiology and physical examination, the latter naturally having the lion's share of his attention. He considers it in its four great divisions of inspection, palpation, percussion and auscultation, and devotes to each an extremely lucid lecture.

We cannot praise the manufacture of the book, which is flimsy and cheap. The cover is embossed with an outline figure of the chest, from which a "chest chart" can readily be obtained by applying to it a piece of note paper and rubbing with a lead pencil.

THE

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SOME THOUGHTS ON NEW REMEDIES.

It pains but does not surprise us to read in an English exchange that at the meeting of the Société de Thérapeutique, October 11th, 1876, Dr. Martineau reported that neither in typhoid fever nor in articular rheumatism did he obtain any influence, either by the temperature or the pulse, by the use of salicylic acid. This was confirmed by M. Dujardin-Beaumetz, who thought, however, that it calmed the articular pains.

The long list of remedies which have been lauded in rheumatism has been increased by one, and the precisely equally long list of remedies which have disappointed expectation may also have this one added to it. About a year ago propylamin was a magic remedy in this disease, and many thought it a new one. In point of fact it was an old one, galvanized into life. A dozen years ago it passed through the course of excessive laudation, repeated observation, failure and neglect.

It is not easy to explain why so many physicians prefer to try a new remedy of which they know nothing, than to learn greater accuracy in prescribing an old one of which they know too little. To the thoughtful observer it is no good sign that this passion for novelty is so strong that there are books and periodicals named and conducted in avowed devotion to introducing and urging upon the medical public "new remedies."

The wiser minds of the profession have ever recorded themselves against this folly. Sir Astley Cooper used to tell his students that he had made some original observations of great value on the effects of new remedies. His class at once listened with double attention. "These effects, gentlemen," the lecturer proceeded, "are twofold; first, that the physician who employs many new remedies does not cure his patients; secondly, he soon has no patients to cure."

We were reminded of this remark of Sir Astley's lately, on reading a lecture by D. W. Yandell, of Louisville. That able surgeon spoke as follows, on the subject we are now writing of:—

"I do not care to deny that I have reached a period in my study of disease when I incline to distrust a new remedy almost because it is new; its very novelty is against it; and yet I should add that I have in my time seized such pharmacal novelties as came along as quickly as other men. I think the search after specifics belongs rather to youth than to maturer age. As our experience widens our enthusiasm is apt to diminish, and in practice we come at last to put our trust more and more in physiological processes, and less and less in special drugs for the cure of disease. Whether all this be just as I have put it or not, I am quite sure of one thing—to wit, that I have been too often deceived by accounts of new remedies not to allow considerable rebate for the enthusiasm of inventors and discoverers."

Physicians must be aware that the decided majority of "pharmacal novelties" introduced to their attention are brought forward merely as commercial ventures. They are devised by

manufacturers, a few enthusiastic or interested physicians are supplied with them, the successful cases are collected and reported, the unsuccessful ones dropped in silence, and with this equivocal stock of "testimonials" the remedy is pushed into the market.

Now, while undue conservatism is no virtue, excessive love of novelty is far more reprehensible. Not a few young physicians prefer to use new agents, as they think it puts them in advance of their elders in the public estimation, and thus they get practice more rapidly. This plan, as a business move, is doubtful. Their success in getting practice will generally be in proportion to their success in curing patients; and from what we have written, it is pretty sure that this will more surely follow the discreet use of old and tried articles of the materia medica, than by hastily grasping at novelties of which we do not and cannot know the exact workings.

Hospitals and dispensaries may properly try new preparations; but if private patients know what they are about, they will not willingly pay to make themselves subjects of scientific experiment.

It is unquestionably the fact that the most enlightened medical experience always tends to limit more and more the number of drugs used, and to define more and more clearly the indications for using these. Therefore it becomes a matter of regret that this passion for new things is so abroad in the land. It is a bad sign, an ear-mark of deficient training.

Notes and Comments.

Subscribers are respectfully urged to send in the amount due for subscriptions at the earliest convenient date. The Reporter and Compendium are payable *in advance*, and a neglect to remit not only seriously embarrasses the publisher, but the subscriber may cease to receive his numbers. It is hoped that all whose term expires with this volume will forward *promptly* their renewals.

In this connection we remind those who do not take the Half Yearly Compendium of Medical Science, that it is sent along with the Reporter at the reduced rate of *two dollars* per year. It contains entirely different material from the latter, no article appearing in both. The two publications are *supplementary*, and together cover the whole field of periodical medical literature. There is hardly a regular medical journal in the world that is not consulted for one or other of them.

Ergot in the Hemorrhage of Typhoid Fever

In a case of typhoid, in St. Thomas' Hospital, London, on the seventeenth day, the temperature suddenly fell from 102° to normal, coincidently with hemorrhage. For the latter symptom a usual prescription is:—

℞.	Tincturæ opii,		
	Olei terebinthinæ,		
	Tinct. chloroformi,	āā	♏x-xx
	Acidi tannici,		gr.x
	Mucilaginis et aquæ,		q.s.

But this is not always retained by the stomach. In the present case, ten grains of tannic acid with tincture of ergot were given every two hours, and then every hour, for several doses; but the hemorrhage still continued with every stool. Five grains of ergotine were then injected hypodermically, and the hemorrhage ceased immediately, and did not recur. Cases in which hemorrhage has happened are more liable to subsequent peritonitis.

Natural and Supernatural.

In a review of Dr. Hammond's late work on "Spiritualism" in the *Journal of Nervous and Mental Disease*, the critic, after stating that few writers attach a precise meaning to the words *natural* and *supernatural*, adds:—"We cannot agree with Dr. Hammond in the final exclusion of the supernatural from the history of mankind," taking the word in its ordinary sense.

The ordinary sense of the word supernatural we take to be something in violation of known laws of the succession of phenomena. Unless every such alleged violation is an error of observation, then there can be no law, no order, no cosmos, but a chaos. There is but one proper use of the word supernatural, to wit, when it is applied to occurrences of which we do not in any degree know the laws; and this is not its ordinary use.

By the way, at the September meeting of the

British Association for the Advancement of Science, a paper was read by Professor Barrett, of the Royal College of Science, Dublin, "On some Phenomena Associated with Abnormal Conditions of Mind." The author gave an account of some experiments which he had made with a young girl in the county Westmeath. The observations which he made, though by no means novel, were certainly of a most startling character. It appears that the girl, in a state of trance, could describe a playing card or a bank note placed between the pages of a closed book, she being carefully blindfolded at the time; and although she had never been out of her native village, she could accurately describe the interior of a shop in Regent street, on which Professor Barrett had, for the time being, fixed his thoughts. Professor Barrett urged that these and similar phenomena, to which he referred, ought to be investigated by a committee of the British Association.

Treatment of Orchitis.

For the treatment of this disease, Dr. L. D. Waterman, of Indiana, claims excellent results, in the *Practitioner*, with the following:—

℞. Tincturæ iodinii,
Aquæ ammoniæ,
Tincturæ opii,
Olei olivæ.

The iodine and ammonia are added in quantity just sufficient to be bearable, and only cause half-blistering of the skin, or exfoliation with a stinging sensation for a short time after application. Thus graduated to the supposed endurability, the free application of it is made to the entire surface of the scrotum, and the woolen cloth saturated with the liniment, with which it is hourly (if possible) applied, is wrapped around the scrotum, and left there continually. The pain ceases sometimes in three hours, always within twenty-four, and the effusion is correspondingly rapidly absorbed without tapping.

Fistula Ani in Phthisis.

This frequent complication of consumption constantly suggests a doubt as to the propriety of operation. In his recent treatise on the "Surgery of the Rectum," Mr. Henry Smith, of London, says: "My own observation teaches me that, as a rule, an operation is far better avoided in such cases. If the disease in the lung be at all extensive, we may almost with certainty predict that the wound made by the surgeon will not heal, although there are notable exceptions to this; and if the disease be slighter the wound may heal, but I think that when the discharge from the fistula is arrested the disease in the lung becomes accelerated. When, however, the pulmonary mischief is only very slight, and the local disease is severe and harassing to the patient, an operation may be undertaken, and it will give great relief."

Concretion in the Appendix Vermiformis.

At a meeting of the London Pathological Society, Dr. Thorowgood related the case of a girl of ten years who had perityphlitis. At first there were attacks of vomiting, with pain in the right groin, increasing especially toward the back. The urine was loaded with crystals. The patient lay on the back with the right leg drawn up; the limb could not be extended. The temperature was high. Pus formed in the right lumbar region; the abscess was opened, and fetid gas escaped. There was a profuse discharge. In dressing the abscess one day, a concretion like a nutmeg came out, after which the abscess healed rapidly. Similar cases had occurred in older persons.

To Remove Mother's Marks.

Mr. Balmanno Squire gives the following directions for removing what are called "port wine marks."

"Freeze the part to be operated on, and thus render it perfectly insensible (by means of the ether spray apparatus), then scratch it with an ordinary cataract needle with parallel scratches, then place a piece of blotting paper on it before it has thawed, and consequently before it has begun to bleed, and press the blotting paper firmly on the scratched skin for five minutes."

The Heredity of Phthisis.

Dr. Albert Müller, of Weissenburg, has published a pamphlet, in Berlin, on his observations of phthisis with relation to its transmission by descent. He had treated 988 cases; of these, 21.8 per cent. had phthisical parents, 28.6 per cent. had phthisical family histories. Women were more liable to an outbreak of the transmitted form than men. In a phthisical family the average danger from phthisis is four times greater than in one without history

of the disease. The severity of the disease is not increased by its hereditary character. It is transmitted equally by mother and father. The effect of a city residence in developing the disease where there is no hereditary tendency to it was well marked. In the country, 35 per cent. of the cases were hereditary; in the city only 19 per cent.; in other words, a healthy person runs just about double the risk of the disease in the city than in the country.

The Malarial Taint.

A writer describing the New York Foundling Hospital, in the *Medical Journal* of that city, remarks that in malaria there is a tendency to cerebral, thoracic, and abdominal congestion, and this congestion of the viscera offers us an explanation of persistency of bronchitis and diarrhœa, complicated with cerebral symptoms. What is more important is, that it suggests a guide in therapeutics, which can be followed with marked benefit. Those who have not had their attention directed to the subject may, in cases similar to those referred to, notice that bronchitis and diarrhœa occur with and without a malarial complication. An acute malarial course will often cure an obstinate bronchitis or diarrhœa.

Stitches in Scalp Wounds.

Those who shake their heads and look wise while they authoritatively condemn the use of sutures in scalp wounds, will be shocked by reading the following extract from the *Medical and Surgical History of the War of the Rebellion*: "No instance was reported of any special inconvenience arising from the employment of stitches. In one case, a very long wound was sewed up by the continued or glover's suture, without bad consequences. Usually, when adhesive plasters were considered insufficient to approximate the edges of the wounds, the interrupted suture, with metallic threads, was employed.

Definitions in Mental Pathology.

A leading English authority, Mr. Phillips, in a late work, lays down the following distinctions in forensic medicine:—

"Every person whose mind, from his birth, by a perpetual infirmity, is so deficient as to be incapable of directing him in any matter which requires thought or judgment, is, in legal phraseology, *an idiot.*"

"Every person *qui gaudet lucidis intervallis*, and who sometimes is of good and sound memory, and sometimes *non compos mentis*, is, in legal phraseology, a *lunatic.*

"Every person who, by reason of a morbid condition of intellect, is incapable of managing himself and his affairs as an idiot or a lunatic, not being an idiot or a lunatic, or a person of merely weak mind, is, in legal phraseology, *a person of unsound mind.*"

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

Letters by an Invalid Physician.

V. ALGERIA (CONCLUDED), AND MALAGA.

ED. MED. AND SURG. REPORTER:—

One of the most valuable features of the city of Algiers as a health resort, is the number and attractiveness of the excursions, both by sea and land, that may be made from it. Of course, the invalid has to find out whether the sanitary condition of the place he proposes visiting is good. For this the guide books of Bœdeker, Murray, etc., will generally be found to contain sufficient and reliable information. I did not, for instance, go to Constantine, a city perched on a rock one thousand feet high, the most magnificent site, possibly, in the world, because I was fearful of detention at the notoriously malarial port of Philippeville. The journey from Algiers to Constantine can be made by stage, as well as steamer, but it takes two or three days over a fearfully rough road, and involves night stoppages at unreliable Moorish cafés and caravansaries. Driving by daylight in any direction from Algiers is climatically safe, and I need only mention the beautiful suburbs of Mustapha, Bou-Zarea (a thousand feet above the sea with fine panoramic view), Birkhadem, and Pointe Pescade, to give bent to direction. A row in the harbor, or a sail outside when the sea is smooth, may vary the land trips.

Seventeen hours due west by rail will take one from Algiers to Oran, whence steamers run to Marseilles, Malaga, Gibraltar, Tangiers and Cadiz. Thirty miles from Algiers is the beautiful town of Blidah, on the edge of a plain (Metidja) at the foot of the Atlas mountains. Here the invalid will find excellent, healthy, cheap accommodation. Five hundred acres of orangeries and vineyards surround the town, producing as delicious fruit as ever entered the lips of man. To an invalid, a nice, fresh, sweet orange, plucked from the tree, with the green leaves still attached to the stem, is cooling, appetizing and delicious. If one wants rarefied air, he can have an Arab carry him up the mountains to the snow line. That he will find cold enough on their summits is proven by

the experience of the French army. In the gardens of Blidah, roses, geraniums, and violets bloom all winter. From Blidah, a magnificent road, mainly constructed by the French military engineers, leads through the Gorge of Chiffa and Medeah to Laghonat, from which can be seen the Great Desert of Sahara. Diligences run daily from Blidah to Medeah. This town has an elevation of over three thousand feet above sea-level (an African Denver), and its climate is temperate and healthy. Just outside of Blidah is a monkey forest, and here the disciples of Darwin and Huxley can see their progenitors fighting, stealing and evincing other signs of an ancient and honorable civilization.

Laghorn, at two hundred and ninety miles from Algiers, is situated on an oasis on the border of the Great Desert. If an invalid goes this far, he should at least go no further. Journeying in the desert on a camel, is a luxury not to be rashly laid hold of by the sick. All these towns mentioned are garrisoned by the French and good French hostelries are found in all of them.

An invalid should not attempt night peregrinations. Dews, dampness and malaria then hold carnival, and are anxious to cultivate acquaintance. A sick man should not be allowed to put a dress suit in his trunk; then he can better resist appeals to opera-parties, late suppers and dancing soirées. "Stay in at night!" is a good final injunction from physician to patient leaving home.

Should the patient, from any cause, desire to leave Algeria during the winter or early spring, he has abundant opportunity; and conversely the same opportunities present themselves for him to reach it from afar. It is not to be supposed from what I have said in previous letters that I would advise a return to the Riviera; emphatically I would not.

The nearest available good climate to Algeria, is that of Malaga, in Spain. Here one finds total change of costume, cookery and language. Malaga is ranked by Dr. Madden, who has spent three years there for his health (I have previously made favorable mention of his work on climate), as one of the best winter resorts in Europe for consumptive patients requiring a warm, dry, tonic climate. The mean temperature of winter is 55° F., and Spring, 68° F. The total number of rainy days is given at only twenty-nine annually (?) but unfortunately, if this is so, they must have nearly all come in February, as Dr. Madden says, "During the three occasions I passed that month in Malaga, the weather was generally so wet and gloomy that invalids were confined to their rooms for two-thirds of the time." I would, therefore, advise the avoidance of Malaga, if possible, during February. The prevailing winds are the east or *levante* (cold and humid in winter) northwest (which generally wafts fine sand, irritating to the pulmonary mucous membrane, but a wind of short continuance), and the southeast. The remaining objections to Malaga are, the absence of fireplaces (pans of charcoal or *braseros* being used for warmth, as in Rome), the bad sanitary condition of the city, and the villainous, garlicky, Spanish cookery. The diseases Dr. Madden saw most benefited during his stay were, consumption in the first stage, and the cachectic state which immediately precedes the deposition of tubercles in the lungs. But he adds, "when we consider the mortality from all chronic diseases of the air passages, we find the superiority of this climate is not so conspicuous as it might at first appear; for the deaths in Malaga from all chronic affections of the respiratory organs, are very nearly as great, proportionally, as in London, amounting to nearly one ninth of the entire number recorded."

Now it might be inferred at first sight, after what I have written, that Malaga is a place wholly unfitted for patients of any kind, but it must be borne in mind that the statistics of mortality quoted refer mainly to residents and not to visitors. From my experience a sick visitor stands a better chance than a well resident belonging to the poorer classes. The visitors live on the healthiest sites, in the most commodious houses; have the best to eat, the least exposure, proper clothing, the daily pleasant drive or walk; and if there is anything good in the climate they will probably absorb it. The masses, on the contrary, in these Mediterranean towns and cities live up unhealthy, damp streets, in badly ventilated and contracted apartments, have scant food and clothing, hard work and exposure (especially if fishermen), and their luxuries are none, and pleasures often few; consequently, whatever bad is floating around they are likely to absorb.

Should the invalid depart from the city of Algiers toward the east, abundant change and suitable climate are before him. Steamers leave Algiers weekly for Bona, touching at Dellis, surgically, suggestive Bougie, Djidjelli, Stora, and Philippeville (malarial port of Constantine). Bona is reached in two or three days, "c'est la plus jolie ville d'Algérie." They used to have malaria here, but the draining of the marshes has caused its almost complete disappearance. To Bona comes the steamer from Marseilles via Corsica, and from Bona it goes to Tunis, touching at the coral fisheries of LaCalle. Tunis has no harbor, and passengers from the steamer have to be landed in small boats and rowed to the railroad station, from whence Tunis is distant but a few miles. If it is raining or the spray dashing, this mode of landing ensures a wet skin, unless forethought has provided an oiled canvas or rubber jacket. The site of ancient Carthage is near the landing, and Tunis will prove sufficiently attractive for a week or two of stay. From Tunis a small steamer runs to Malta, and a large steamer to Caglian, in Sardinia, and from the latter there is constant communication with Sicily and Italy. Malta is the regular stopping place for steamers en route to Egypt.

Saranac Lake.

A Suggestion Regarding the Spread of Syphilis.

Ed. Med. and Surg. Reporter:—

I do not wish to be considered an alarmist, yet would respectfully suggest that some remedy be adopted to prevent the evil I am about to mention. In the summer of 1874, for the benefit of my health, I first located in this village, and treated during the season no less than eleven cases of syphilis, in one form or the other. This year, 1876, I treated, but did not cure, one case of iritis and ulceration of the larynx combined; he returned to Washington in July, being utterly unable to work; one case of aphonia, which the patient claimed was due to an excessive amount of mercury he had taken to get rid of a skin disease he said he had had before his throat became sore. Two years ago, he said, he lost his uvula from the disease, as he expressed it; remnants of his skin disease could easily be seen on the thorax and arms. Many cases of bullas, soft chancres, gonorrhœa, phimosis, and paraphimosis, I also treated, until I became utterly digusted with this disease.

All the above, with the exception of two cases, *were employed as waiters, or in other capacities, at our four largest hotels, and were all colored men, the majority continuing on with their work during treatment.* My readers may rest assured that many other physicians in this village must have treated quite as many, if not more than I did. I wish you to understand that I very much doubt if any of our hotel proprietors are aware of these facts, or know the danger their guests run every day in being served with their meals by these filthy men. Still they should know, and how to tell them I know not except through the columns of a medical journal.

I need not, I am sure, draw your attention, or that of your readers, to the address of Dr. Marion Sims at Philadelphia, on June 6th, and published in the Reporter of July 15th. Both you and they will remember how he stated that this disease can be communicated to another. I well remember how the late Wm. Langston Parker, of the Queen's College and Hospital, Birmingham, England, himself a well-known writer upon the disease, warned his students how careful they should be in attending any midwifery or other cases without first well washing their hands in a solution of chlorinated soda after dressing such cases. I ask why cannot this terrible and digusting scourge be communicated by the finger napkins these waiters use to wipe out the drinking glasses, or the plates used at the table, or in fact by many ways that will suggest themselves to the medical reader. I contend that all this danger could be avoided in a very easy way, and I offer the following suggestion to our different hotel proprietors, both great and small. Let them demand from each man engaged in waiting at table or cooking, or in any department wherein he comes in contact with food of any description, a certificate of good health from a village or other physician, dated from the day he enters upon his duties, and do not allow any man to be engaged who is not free from this serious and noisome disease. Perhaps even a fortnightly examination afterward would be advisable, unless a much better plan can be suggested by those most concerned. Yet, whatever plan may be adopted, the man suffering from gonorrhœa or syphilis, in any form, should be utterly prevented from coming into our summer places as helps, at least. Charles C. Cranmer.

Saratoga Springs, N. Y.

Clonic Spasm Cured by Large Doses of Arsenic.

Ed. Med. and Surg. Reporter:—

The article in the Reporter of November 18th, by Professor Mitchell, on "The Effects of Large Doses of Arsenic in Chorea," reminds me of a case of spasm which came under my care some time since, in which small doses of arsenic failed, and large ones were followed by a speedy cure.

In June of 1872 I was called to a distant village to see Alice B., 9 years old, of nervous temperament and feeble constitution. Some ten weeks previous she had had a light attack of scarlatina. A few days after her recovery she was taken with severe pain in her right hand, which was soon contracted, and rigidly held for two or three days. Then the pain again became severe, during which the right hand was relaxed and the left closed. A few days, and the left leg was affected, first thigh, then ankle, and so on, the spasm shifting from place to place, after remaining stationary from three to ten days.

Nor was the disease confined in its effects to the extremities, but for several days she was perfectly blind in her right eye, and for a time she stammered as badly as the most inveterate stammerer I ever heard. In sound sleep, the muscles were sometimes relaxed, but contracted again when she awakened. For three months I tried the remedies which I thought best to remove after effects of scarlet fever and to cure spasm, viz., iron, quinine, strychnia, iod. pot., brom. pot., etc., with arsenic, in drop doses, three times per day, all of which proved comparatively valueless.

I then resolved to push arsenic, and commenced with five drops of Fowler's solution, three times per day, to be continued until puffiness of the face was produced, or one-half ounce taken.

In about two weeks her father wrote me, saying, "Daughter's medicine gone. Has had no spasm since fourth day of taking it." She has had no return of spasm, with health rather better than in previous years.

Since this experience I have had no hesitancy in prescribing large doses of arsenic when clearly indicated. G. D. Van Vranken, M.D.

Saratoga, N. Y.

—Professor Leyden, of Strausburg, entered on his new post as Professor of Clincal Medicine at Berlin on October 30th.

News and Miscellany.

Lectures on Skin Diseases.

Dr. J. V. Shoemaker, of this city, is delivering, at the Philadelphia School of Anatomy and Surgery, a special course of lectures on skin diseases. The lectures, which are well attended by students and post-graduates, are given on Friday evenings at 8 o'clock. They are amply illustrated with plates, diagrams, and cases, many of the latter being obtained from the Pennsylvania Dispensary for skin diseases, an institution recently established by and under the charge of the lecturer. Dr. Shoemaker, who is examiner on materia medica and anatomy in the Jefferson Quiz Association, has also recently issued a neat, compact, and convenient list of poisons and antidotes for the use of medical students.

What Does "Epidemic" Mean?

This was the topic of a late discourse by Mr. J. A. Radcliffe, President of the English Epidemiological Society. He showed that the word *epidemic* has in medical use several distinct definitions, each inconsistent with the other, and all antagonistic to existing knowledge on the subject. For example, one definition restricts the term to certain contagious maladies; another wholly excludes contagious diseases; other definitions imply respectively a telluric, atmospheric, and cosmical origin of epidemic; and finally, perhaps, the most favored definition assumes that the cause of an epidemic is something occult, respecting which it is vain to speculate. Against such uses of the word, and particularly against the retention of such uses in text-books of medicine, which also contain the results of the researches of the past quarter of a century as to the continued fevers, Mr. Radcliffe protested. He endeavored to show also how the familiar terms *epidemic constitution* and *epidemic influence* had attached to those meanings, not less various, not less obscure, and not less fallacious than the various uses of the word *epidemic;* and he urged that it was high time that some common agreement should be come to as to the medical use of that word. For himself he preferred Webster's definition, "Common to, or affecting a whole people, prevalent, general."

Mastic Chewing.

We adverted, some weeks ago, to the American "chewing gum." In the Orient they use gum mastic, and a correspondent of the *Chemist and Druggist* says he has been assured by some of the first dentists in Constantinople that mastic chewers suffer comparatively little from toothache, and that their principal patients are among those who have not adopted the habit. Even the little children chew mastic, and a mother or sister will give her own special piece to a noisy young ten-year old to keep him or her quiet. It is very odd to a freshly-arrived European, on paying a morning visit to some Greek or Armenian beauty, to see her take a large "quid" of what appears to be dentist's modeling wax out of her handsome mouth and deposit it by her side on the divan, so that her flow of language may not be interfered with.

The Duration of Life.

Dr. William Farr, F. R. S., in his letter to the Registrar-General on the mortality in England and Wales during the ten years 1861–70, states that the annual mortality in the city of London was at the rate of 80 per 1000 in the latter half of the seventeenth century, and 50 in the eighteenth century, against 24 in the present day. This implies that the mean duration of life in London was little more than twelve years in the seventeenth century, was about twenty years in the eighteenth century, whereas it is now about forty years. The mean duration of life depends upon the death rate at various ages, which show the widest range in different parts of the country, dependent upon their sanitary condition.

Introduction of Maize into Europe.

Absurd prejudices have prevented the Europeans enjoying corn cakes and boiling ears. It is a pleasure to see that M. Fea, of Padua, has lately published comparative tables to show that maize is superior to all other cereals in fatty matters, and that it may be considered as a perfect food. He also replied to objections that have been made to maize, accusing it of giving rise to certain diseases, notably pellagra; and demonstrated that the penicillum glaucum, which is supposed to originate this disease, never attacks maize unless it is damaged.

Rarity of Hydrophobia.

In his last report as Registrar of Providence, Dr. E. Snow remarks:—

"There was one death from hydrophobia in November, a male, born in Ireland, 39 years of age. Though this is a frightful disease to those who have it, there is no reason for alarm from the existence of a case of it. During twenty-six years past, there have been only three cases of the disease in this city."

Typhoid Fever in Paris.

There has been an appalling increase in cases of enteric fever in Paris during the past three months, the number of cases being actually double that of the mean rate of the same quarter during the preceding four years. Thus, in the civil hospitals, the mean rate for the third quarter during this period has been 363 patients, with a mortality of 25 per cent. The same

period in the present year has given 714 cases, with a mortality of 35 per cent., showing a marked increase not only in the gross number of cases, but in their severity. As many as 171 deaths in a single week are reported.

The Mathematics of Rheumatism.

An English observer, Mr. Mackereth, has found that rheumatism occurs when the barometer and hygrometer show great changes; and that, by multiplying the morning barometer by the difference between the dry and wet bulbs in the morning, by doing the same with the evening records, and subtracting the one from the other, he would get a result which, when varying greatly from day to day, would indicate when rheumatism would prevail; and when the numbers were nearly the same from day to day, rheumatism would disappear.

Alcohol and Cold.

At a meeting given to the Good Templars of the English Arctic expedition, Mr. William Malley, of the Alert, in relating his experiences, said that among the few men who escaped scurvy, and did any sledging worthy of notice, were four teetotallers, who enjoyed perfect immunity from all sickness, establishing beyond the shadow of doubt that the intense cold of the Polar regions could be well endured without stimulants.

Personal.

—The medical Nestor of Albany, N. Y., James P. Boyd, was presented, at the last meeting of the county society, with a silver pitcher, suitably inscribed. Dr. T. Hun made the presentation speech on behalf of the members of the society. Dr. Boyd has been in active practice in Albany for over half a century, attending each succeeding generation in many families, ever retaining the confidence of his patients.

—Three physicians of Huntingdon county, Pa., have within as many years lost their lives under sad circumstances. Dr. Greene, of Three Springs, was thrown out of his sulky and instantly killed; the next being Dr. Meales, of Mill Creek, who died from an overdose of hydrate of chloral; and now comes the sad and terrible death of Dr. Shade, of Shade Gap, recorded recently in these columns.

—Dr. Charles A. Heckel, a well-known physician, died December 10th, at his residence, in Robeson township, Berks county, Pa., in his forty-sixth year.

—Dr. LeMoyne, the owner of the Washington cremation furnace, has endowed a professorship in the Washington and Jefferson College, and expended $10,000 in founding and endowing a town library.

—The death of James Barry, Inspector General of Hospitals in the English military service, took place in 1865, and then it was officially reported to the Horse Guards that Dr. Barry was a woman. Up to the death period her sex was never suspected. It was afterward mysteriously whispered that the late doctor was the daughter of a Scotch earl, and adopted the medical profession from attachment to an army surgeon, who has not been many years dead.

—Professor Pirogoff has been appointed by the Russian Government to take the direction of the field ambulances in the event of active operations supervening.

Items.

—Among the many advances which have been made lately by progressive institutions for bettering the condition of women, is that of the Pennsylvania College of Pharmacy, which has recently established a class for lady students.

—From 1850 to 1860 the increase of negroes in Carolina was 20 per cent.; from 1860 to 1870 it was 5 per cent.; since then there has been no increase. In four of the Southern States there has been a decrease since 1860, and nowhere has the increase been so great as before. The reasons are summed up in two words, improvidence and unchastity.

QUERIES AND REPLIES.

SIR:—Are the observations of Béclard, Casper and others, in relation to the point of ossification of inferior femoral epiphysis, as a sign of fœtal maturity, generally accepted by medico-legal experts? A. B.

Iowa.

SIR:—Have any of the readers of the REPORTER a well authenticated case of abortion to report, due to the administration of an infusion of green coffee?

December 14th, 1876. ANDAX.

Subscriber, Pittsburg.—You will find a complete bibliography of cremation in the Report of the Massachusetts Board of Health, 1875.

Dr. Pierre, Ala.—It has been stated that saccharate of lime is an efficient antidote to carbolic acid.

MARRIAGES.

GREENE—STOKES.—On November 16th, by Elder Ashman, Dr. Chas. Greene and Abbie H. Stokes, daughter of the late Barzillia Stokes, both of Philadelphia.

MORRISON—THOMAS.—On Thursday afternoon, November 23d, at the Presbyterian Church, by Rev. Jas. Roberts, T. Scott Morrison, M. D., son of the late Rev. A. G. Morrison, and S. Emma, youngest daughter of Henry G. Thomas, Esq., all of Coatesville.

OLMSTEAD—NEERGAARD.—On Tuesday, Nov. 21st, 1876, by Rev. Howard Crosby, John H. Olmstead and Louise, only daughter of Wm. Neergaard, M. D., all of this city.

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Communications.

PUERPERAL CONVULSIONS.

Read before the Philadelphia County Medical Society, November 8th, 1876,

BY W. H. PARISH, M. D.,

Obstetrician to the Philadelphia Hospital.

Concluded from No. 1034.

Case 5.—Convulsions on the Thirteenth Day after Labor—Albuminuria—Perimetritis—High Temperature.

Loretta G., aged 23 years; a native of Pennsylvania; single; a primipara, and by occupation a domestic; was delivered on June 29th, 1876, at the Philadelphia Hospital, by Dr. Rush, then one of the internes. Nothing abnormal. The child was a male, weighing 7¾ pounds. The mother did very well until July 9th, when, after having been out of bed for a few hours, she was seized with a chill. The thermometer, after the chill, marked 104° F.; pulse 120. Eighteen grains of quinia were ordered to be taken during each twenty-four hours.

On the 10th she remained in bed and experienced no chill.

On the 11th, after again venturing out of bed, she was seized with a chill, followed by a temperature of 104° F., and a pulse of 120. There was no pain on pressure over the abdomen. There was slight headache.

On the 12th she felt well in the forenoon, but at 3 P. M. had another chill. At 6½ P. M., of the same day, her temperature was 106⅘° F., and the pulse 150. At 7 P. M. the temperature was 107° F., pulse 180. At 7.30 P. M. convulsions appeared, it being the thirteenth day after labor. Immediately after the convulsion, the temperature was 108⅘° F., the pulse 186. She was now put into a wet pack. After remaining in this forty-five minutes, the temperature was reduced to 105° F., and the pulse to 150. But the convulsions repeated themselves. She was removed from the pack, and in twenty minutes the temperature had risen to 108° F. She was again put in the pack, and allowed to remain in it, without, however, any influence on the temperature.

I reached the patient at 1 A. M. I found her entirely unconscious and in a state of uninterrupted clonic, bilateral spasms, affecting, apparently, the entire voluntary muscular system. I directed the administration of chloroform. Urine, obtained by catheterization, showed a considerable amount of albumen. There was excessive tympanites. I directed an enema of oleum terebinthinæ and olive oil, but obtained no reduction of the tympanites. Five drops of croton oil, in olive oil, were now given by the mouth, but vomiting occurred. Five drops were now administered by the rectum, but this did not effect a fecal evacuation. The tympanites had now become so excessive, that a tube was passed into the large intestine, with, however, only a slight escape of gas. The chloroform, when freely given, held the convulsions in abeyance, but on even its partial removal the convulsions returned. The temperature was now 108° F., the pulse 140. The features were livid and puffy. Her condition seemed desperate, even hopeless. The croton oil would not act. I decided on venesection, as, under the circumstances, a desperate

dernier resort. At 3 A. M. I took twenty-six ounces of blood from the arm, but without any perceptible influence on the convulsion, the chloroform being for the time suspended. There was no reduction in the temperature. The chloroform was again resorted to, and continued almost without intermission until the fatal result. Whisky and milk were also given at proper intervals.

At 11 A. M., July 13th, she died, having remained, almost until the last, in a state of clonic convulsions.

Autopsy.—Made forty-five minutes after death. Body well nourished and quite warm to the hand; lungs normal in appearance; old pleuritic adhesions, without, however, evidences of recent inflammation of either pleura. The pericardium contained two ounces of serum. The walls of the left ventricle were very decidedly thickened, hypertrophied; no lesions of the valves; both ventricles were empty and firmly contracted. The weight of the liver was four pounds nine ounces, and its tissue somewhat fatty. The right kidney weighed five and one half ounces, the left five ounces; both somewhat congested. A small, recent clot was found in the uterus. The uterine mucous membrane was normal in appearance, as also was the muscular tissue of the uterus. Pus and deposit of recent lymph were found on the peritoneal covering of the uterus. There was also a small amount of pus in the left ovary. There was decided congestion of the meningeal vessels. There was no hemorrhagic exudation, and no perceptible evidences of œdema of the brain tissue.*

Puerperal convulsions have, by different writers, been divided into several varieties, as hysterical, epileptic, apoplectic, and peculiar puerperal convulsions, to the latter the term eclampsia having been applied. High authority denies the practicability of this division. Cases 1 and 2 seem to me, however, to have been due to the pregnant state, and case 1 is an illustration of hysterical convulsions originating in the irritation of perhaps a naturally hyper-irritable nervous system, the irritation being reflected from the pregnant uterus. Case 2 seems to have been one of epilepsy, originating during labor, continuing through the subsequent non-pregnant condition, persisting through the next pregnancy, and appearing during the next delivery. I believe that epilepsy and hysteria may be thus associated with, or even dependent upon pregnancy; still, it seems to me that such convulsions must possess a more serious import than would be possessed by convulsions of a similar character occurring in the non-pregnant state, and, further, that they may merge into pure eclamptic seizures. Cases 3 and 4 are undoubtedly cases of puerperal convulsions proper, while case 5 is so associated with complications, that though it may be included under the head of eclampsia, it is peculiar in its probable cause. The etiology of eclampsia is still undetermined. Modern pathology has modified the ideas of the profession. Cerebral congestion seemed at one time the accepted and always sufficient cause. It has not been thirty years since attention was first called to the association of albuminuria with pregnancy. Next the analogy between puerperal and uræmic convulsions was arrived at. But uræmia is not now recognized as explaining all cases, not even all cases of fatal convulsions.

It is not improbable that there are a number of morbid processes operating conjointly, sometimes one, sometimes another process becoming the most efficient cause. Let us, however, see in what respects the pregnant or puerperal individual differs from the same individual non-pregnant.

First, in reference to the circulatory fluid. Physiologists tell us that the modifications in this consist in a lowered specific gravity, an increased amount of water, an increase in the entire bulk of blood, an increase in white blood corpuscles, an increase in urea and in fibrin, a deficiency in the number of red blood corpuscles, and a deficiency in albumen; also, the disturbance in respiration permits the retention in the blood of more than the normal amount of carbonic acid. There is, in other words, a plethora, a fullness of the entire vascular system, but a plethora of hydræmic blood, with a deficiency in those elements destined for nutrition, and a superabundance of those elements representative of retrograde tissue metamorphosis, as urea and fibrin, and carbonic acid. Associated with blood alteration there is an increase in the propelling force of the heart; an increased vascular tension incident to a hypertrophied condition of the walls of the left ventricle, this hypertrophy

* Dr. P. E. Loder and other internes in the hospital deserve a great deal of credit for the faithful attention with which they devoted themselves to the care of the last two cases.

being an accompaniment of probably every case of advanced pregnancy. This vascular tension is, of course, greatly increased during the powerful muscular efforts of delivery. Again, the nervous system undergoes a modification apart from its disturbed nutrition. This entire system is doubtless brought into more intimate relationships with the uterine system. Especially is this the case if, as Mr. Lee states, there are ganglia developed in the gravid uterus, ganglia which cannot be discovered in the non-pregnant womb. Let us add to these the mechanical interference with the abdominal circulation occasioned by the enlarged uterus. These various conditions are sufficient of themselves to occasion convulsions, especially if decided in degree, but more especially if more immediately determining causes are coöperating. The low specific gravity of the blood, its increased amount, and the increased force with which it is driven through the vessels, all coöperate in greatly increasing the process of exosmosis. This is evinced in the tendency to general anasarca. The intra-cranial tissues partake of this general condition, and there is at first an engorged state of their blood-vessels, then, by the increased exosmosis, an œdema of the brain tissue occurs. If this œdema is marked at the central portions, or the base of the brain, then convulsions may be occasioned, especially if to this state of œdema is added an irritable condition of the brain centre incident to perverted nutrition, and if, also, this increased intrinsic irritability is aggravated by irritation reflected from the peculiarly sensitive uterine nerves, or even if this reflected irritation originates in some part not included in the generative organs. Or it may be that emotional or atmospheric disturbances become the superadded cause.

But 90 per cent. of cases of puerperal convulsions are associated with albuminuria. The result is an aggravation of that condition of the system which exists in the pregnant woman without albuminuria. There is a further decrease in the highly nutritious element of the blood, albumen, a further lowering of the blood's specific gravity, a further increase in the already abnormal amount of urea. Uræmia becomes now the most active agent in the causation of the convulsions, but it is not acting alone; it is only the most prominent of the different etiological conditions; the albuminuria is itself, probably, but the result mainly of the disturbance in the relationships of the nutritive functions, a disturbance incident to the altered character of the circulatory fluid. Whether the increased amount of fibrin is directly or indirectly concerned in the production of the convulsions, has not, as far as I have been able to ascertain, been considered by writers on this subject Yet, if we accept, as conclusive, the investigations of recent physiologists, fibrin, like urea, is a representative of broken-down tissue, and is an effete material, destined to be eliminated from the system. If effete, its presence in the blood in abnormal amounts must prove deleterious, and may probably be concerned, indirectly or directly, in the production of convulsions. Future pathology must determine this point for us.

In addition to the altered state of the blood that I have already referred to, must be included, as an additional cause, septicæmia and pyæmia.

Case 5 is one in which the repeated rigor, the excessive body heat before the convulsions, and the pelvic inflammation, would suggest a pyæmia, and that the pyæmia became the cause of the convulsive manifestations. It may have been the cause, either by the action of the poisoned blood in the nerve centres, or, indirectly, by reason of excessive heating of the brain, as the thermometer marked 108° F. before the appearance of a convulsion. The presence of a moderate amount of albumen in the urine does not establish the presence of uræmia as the cause, since there were no symptoms of uræmia prior to the first seizure, and the urine was not tested until after the appearance of the convulsions. Albuminuria is occasionally not developed until after the convulsions have been in progress.

Cases 4 and 5 occurred also during the intense heat of the past summer, at a time when the thermometer was ranging in the neighborhood of 100° F. in the shade, and also but a short time before the terrific electrical storm of July. Smellie, Simpson, and others have recognized the influence of excessive heat, and a high electrical state of the atmosphere, as causes determining convulsions.

The temperature in the two cases in which it was noted by the thermometer is of importance. In case 4 it was, after the first convulsion, 100° Fahr. As the convulsions recurred, it continued to rise, and attained a maximum of 105⅗° Fahr.,

steadily rising during the continuance of the convulsions, and only fell when the convulsions ceased. It was not recorded during the coma that preceded death, and it is probable that it then rose above 105⅘° Fahr. In case 5 the thermometer marked 108° Fahr. before the convulsions began, and ranged above 108° Fahr. until death, excepting when, for only a few minutes, it was reduced by the wet pack. In 1869 the temperature in puerperal convulsions was first noticed. In 1875 Bourneville published the first series of observations. Since then others have published observations, making in all 27 cases. In the seventeen cases reported by Bourneville, the thermometer never rose above 106° Fahr., and no case proved fatal in which the thermometer kept below 102° Fahr. This rise of the body temperature will probably be always found, in serious cases of eclampsia, influencing the prognosis and modifying the treatment. It seems strange that this important symptom should not have been noticed until within the last few years, the two cases that I have reported making, in all, but 29 published cases in which the temperature has been observed.

If we have properly understood the etiology and pathology of eclampsia, we can correctly arrive at the indications for treatment. *The prophylaxis should be closely attended to*, and should consist in the reduction of the blood mass, the elimination of the effete elements of the blood, and the renewal of its nutritive constituents.

To meet these three indications we must judiciously resort to venesection, diuretics and saline cathartics, and especially also to eutrophics. To these must be added the avoidance of all determining causes, emotional and, as far as possible, atmospheric, and especially the employment during delivery of such nerve and heart sedatives as chloroform, ether, chloral, etc. If convulsions appear before labor, the induction of labor must be determined by the severity of the seizures. If they occur during the first or second stages of labor, the earliest safe delivery is indicated, but it would be better to engage in no manipulation tending to the emptying of the uterus, unless the patient is fully etherized. Venesection after the incipiency of the convulsions, or even when the seizures were merely threatened, was before the time of anæsthesia invariably resorted to. To-day we must consider its indiscriminate employment as injudicious in the extreme; and yet its complete neglect is none the less unwarranted. Many cases, doubtless, demand its prompt employment, and we err if in such cases we neglect it. Very many cases now recover under the employment of anæsthesia without venesection. Chloroform, ether, chloral, opium, stand at the head of the narcotics. Yet the resort to cathartics and diuretics is still indicated, though anæsthesia is resorted to. The intra-cranial vascular turgescence, the intra-cranial œdema, must be removed, the poisonous elements of the blood gotten rid off, at the same time that the system is brought under the quieting influences of the narcotic.

The state of the temperature will probably determine the beneficial or non-beneficial effects of our remedies, for it has been noticed that as the patient improves, there is a steady reduction in the temperature, and a steady rise if the case is progressing badly. We can thus ascertain her real condition, even when under complete anæsthesia; for if the narcotic is only smothering the convulsions, there will be but slight, if any, reduction in temperature, whereas if, while the patient is under anæsthesia, recovery is progressing, the thermometer will be the welcome harbinger. In this paper I can but deal in general statements, great as may be the temptation to analyze details.

One thing in reference to treatment, however, must be borne in mind, and that is, that we have no specific for this dreadful affection; that routine treatment will here prove as unsuccessful as it is unscientific; that neither in venesection nor in chloroform, nor in chloral, have we the only one thing needful. If this had been borne in mind in case 3, our patient's prospects would have been brightened.

In conclusion, Mr. President, allow me to ask the pardon of the Society for having so greatly trespassed on the limits recommended by the rules of the Society for similar papers. It would have been easier to have made the paper much longer; it was difficult to make it no longer than it is.

Iodine Caustic.

Iodine caustic is prepared by dissolving four grammes of iodine in eight grammes of glycerine. It is used in lupus by applying it once every other day, and covering the parts with gutta percha. This treatment is continued for several weeks.

Editorial Department.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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REVIEW OF THE YEAR.

In reviewing the past year, the scientific historian will class it as one highly favorable to the advance of knowledge, in spite of the financial embarrassments which have been so numerous. We have but to turn to the pages of the Reporter and Compendium to see a map of busy intellectual life, a record of positive progress in one great and beneficent department of learning.

It is well at such a season for the reader who aims to profit by what he reads to pass a few quiet evenings in running over his periodical literature and jotting down the main facts which have been recorded, and the important principles which have been discovered or confirmed. We might, indeed, do this for him at the present time, but it would be depriving him of a profit and a pleasure. For the gain is greater to make such a synopsis one's self, and once commenced, it is not a task, but a delight.

We may, however, point out to him, from the files of the Reporter, the interesting trials of Jaborandi and Salicin, noted at various times; Dr. S. Weir Mitchell's articles on Headaches and Nervous Diseases; Dr. G. H. Boyland's papers on Bandages, and Dr. G. L. Beardsley's on Ulcers and their Treatment; Dr. Rothrock's exposition of Damiana; Drs. Maury and Brinton on Syphilis, Urethral Strictures, and Allied Venereal Disorders; Dr. Crother's able and original studies on Inebriety; Dr. Allis' luminous description of Fractures Near the Elbow-joint; Professor Maisch's admirable explanation of the Metrical System in Prescriptions; Professor Sayre's excellent lectures on Peripheral Irritation; and many others equally worth repeated perusals, all contributed directly to the original department of the Reporter.

In the Compendium, we would refer to the carefully-made extracts on new preparations and their uses, the abstracts of the history of medicine, the reviews of anatomy and physiology, the articles on sanitary science, and the numerous practical excerpts on clinical medicine and surgery.

Notes and Comments.

Curious Origin of Stone.

A correspondent at Meadville, Pa., furnishes us the following interesting history:—

"The patient, a young man about twenty-three years of age, when in his eighth year, managed, while playing, to introduce a steel watch-key into his bladder. No inconvenience was felt until about three or four years ago, when symptoms of 'stone in the bladder' began to show themselves. After trying various remedies, without relief, he determined to consult a surgeon, and, if necessary, undergo an operation.

He came to Meadville for that purpose, and consulted with Dr. T. B. Lashells. The doctor was rather skeptical as regards the story told by the young man, but, after satisfying himself of the existence of a calculus, resolved to perform the so-called 'lateral operation,' which he did to the complete relief of the patient. He found a calculus of an oval form, about the size of a walnut, in the midst of which was a watch-key, which during fourteen years had been in the bladder."

The Year Closed.

Subscribers are again reminded of the great advantage, on both sides, of remitting promptly for a renewal of their subscriptions. Before New Year, if possible, and if not, as early in the year as practicable, is the best time to settle this matter. The amount is small which each owes, but the aggregate is large.

Correspondence.

Potassium Chlorate and Mercury.

Ed. Med. and Surg. Reporter:—

In an article in your journal for November, page 445, on the "Use of Chlorate of Potassa," the writer says, "It has been my practice for the last three years to administer the chlorate of potassium in connection with a mercurial, whenever I desired to give the latter for any length of time;" And also says, "I cannot see but that I obtain the therapeutical effect of the mercurial as readily as before I gave the chlorate."

The physicians of this locality have been having quite an argument as to the correctness of the above practice, one party maintaining the affirmative, the other taking the position that it is a well-established fact that chlorate of potassa cures mercurial salivation, either by eliminating or neutralizing the mercurial, which, they hold, establishes the fact, that when the two agents are administered simultaneously, the chlorate neutralizes the mercurial.

I should be glad to hear from some of your readers who can speak from experience, more on this point. J. L. Morrow, M. D.

Pittsburg, Pa.

—Among the numerous distinguished men who have just been raised to the Upper Chamber of Italy, is Professor Moleschott, of the University of Turin. One of the greatest physiological chemists now living, he has shown in his "Licht und Leben" that he can combine with the severest inductive research the imagination of the poet.

News and Miscellany.

Personal.

—Dr. Alexander, of Canonsburg, Pa., has been appointed physician to the Pennsylvania Reform School, at Morganza.

—Dr. Tiegel, assistant to Professor Goltz, of Strasbourg, has accepted an invitation to the Professorship of Physiology in Japan.

Items.

—The meeting of the British Medical Association, next year, is to be held at Manchester, and the London committee have appointed Dr. Eason Wilkinson to the presidency.

OBITUARY.

DR. JAMES L. WENTWORTH,

Son of Rev. Dr. E. Wentworth, died at the residence of his father-in-law, in Schenectady, New York, on the 18th instant, to which place he returned from Colorado, on the 14th, whither he had gone to recover his health. Dr Wentworth graduated from the Albany Medical College in 1867, and for most of the time since that date practiced medicine in Troy, New York. He was universally respected, and led an exemplary Christian life. His age was thirty-five years.

QUERIES AND REPLIES.

Chronic Diarrhœa.

Dr. L. D. B.'s query as to the treatment of his "old soldier" has received a number of replies.

Several correspondents suggest that it is a case of chronic *dysentery*, with ulceration of the rectum, and recommend the treatment by local cauterization, as set forth by Drs. Maury and Thomas (see Naphey's *Therapeutics*, fourth ed., p. 263, for a full description of this method).

Dr. E. Griswold adds:—As a special treatment I suggest as follows, internally, by the mouth.

R. Liq. potassæ arsenitis. minims cccxx
Vini ferri, q. s. ad. ounces viij. M.
Sig.—A teaspoonful three times a day.

Topically, by injecting water once or twice a day, cold or warm, as the patient finds most grateful, and in quantities varying from one to two pints at a time. After a few injections, the water may be medicated with acetate of lead, sulphate of zinc, nitrate of silver, or any other remedy calculated to relieve local congestion and promote granulation.

Dr. D. A. H. suggests the following:—

R. Pulv. acaciæ,
Bals. copaibæ, each drachms ij
Tr. opii, drachms iij
Spts. nitri dulc., ounce ss
Tr. cardamon comp., q. s. ounces iv. M.
Sig.—One teaspoonful every three hours.

He has used the above for a number of years in cases of chronic diarrhœa, with almost uniform success.

Dr. J. C. Holmes has found charcoal and raw beef very efficient agents in these cases.

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